EXPOSURE VISIT TO BRAZIL

Date: 12th October to 18th October 2014

Places Visited: Salvador and Victoria De Conquista

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Purpose: To participate in a technical visit aimed at better understanding of the Brazilian National Health System, the SUS, focusing on the organization of the National Network of Occupational Health(RENAST), State networks (CEREST) , Family Health/Community Health Agents Strategy, as well as coverage of informal workers by social protection and health services.

Highlights of the Visit

At the **Institute of Collective Health** Prof. Edwardo Mota, Vice-Director, Planning and Finance, Federal University set the tone of the visit by giving an overview of the Brazilian Unified Health System (SUS). Through SUS all the citizens of Brazil are entitled to free health care at primary, secondary and tertiary level. The underlying principles of SUS are integral care, equity, decentralisation and social participation. The uniqueness of this system is the importance given to social participation by establishing national health councils and conferences at three levels, federal, state and municipal. The councils comprise of users, health workers, health managers and service providers.

This was followed by a visit to **CEREST in Salvador**, the municipal health surveillance and referral centre focussing on workers health. Here the participants were introduced to how the SUS has a separate unit that focuses only on workers health and the emphasis given on decentralisation of services. The CEREST certainly was a learning experience for all of us particularly in the context of workers health and how the health surveillance and epidemiology helps in understanding the work related health problems and to take necessary measures to address the same. Most importantly, it was impressive to note that the decentralised approach facilitated easy access to the services to all workers, both formal and informal.

Our next destination was the office of the **Bahia State Domestic Workers Union**. Here the team interacted with the Board members of the union. Ms. Cleusa, the President and who was also part of the black people's movement and women's movement in Salvador talked

about the condition of domestic workers in Brazil and Salvador in particular. With 500,000 domestic workers in Brazil and 150,000 in Salvador this union based in Salvador has been addressing many of their issues. It was in the year 1936 the domestic workers movement was initiated in Sao Paulo. Thereafter, in the year 1997 the national domestic workers union was established. The achievements of the union since then has been remarkable which are; a law was passed giving equal rights to domestic workers and in the city of Salvador they were successful in getting housing with subsidized rates for domestic workers and today there are 80 apartments owned by domestic workers. The union also organises training programmes for their members and awareness to deal with their issues like violence and exploitation by their employers. The struggles continue and they have to go a long way in regularising jobs of many domestic workers by registering them, getting employment cards for them, better wages and legally receiving the tax from the domestic workers salaries. This will enable the union to be sustainable. The final approval of this law is expected in early 2015 and this they feel would be one of their biggest victories.

The visit to the **workers out-patient clinic** further helped us to understand the different levels of care provided to workers and the special focus on occupational health under SUS. The team of medical professionals here addressed issues of workers belonging to different trades like shell-fish pickers with musculoskeletal problems, musicians and bands with hearing problems, and developing ergonomic kitchens to reduce smoke, through intense research and studies. Involvement and participation of the community in the research helped them come up with solutions that were feasible and acceptable to the workers. Further on dialogues and platforms to bring together the government, unions and local associations is initiated for a greater understanding of the worker's rights, in sharing the occupational health (OH) issues of different groups. The focus is to improve the health particularly OH, income and living conditions. Through trainings and manuals, awareness is created and the primary health care team diagnose issues and diseases and refer them to higher levels of care.

A day was spent in **Victoria Da Conquista,** a town 518 kms from Salvador visiting the health departments, clinics and the municipal secretariat. The day started off with a meeting at the municipal secretariat. The Mayor of the town, William

Menezes, welcomed the delegation at the Great Hall of the Civil Cabinet, alongside the Deputy Mayor, Joash Meira, and the municipal health secretary, Marcia Viviane Araújo, among other members of the Municipal Government. During the day the SEWA Team visited the municipal health services, such as the Care Centre and Life Support which provides specialized medical and social assistance to people who have Sexually Transmitted Diseases (DST) and the AIDS virus; Centre of regulations and procedures and the Regional Centre for Health Care Workers (Cerest) , which provides specialized support and services geared to workers affected by diseases and work-related accidents and the Family Health Unit. The Family Health unit under the Brazil Unified Health System ensures increased access to primary health care which consists of teams of doctors, nurses and Community Health Agents (CHA). Each team covers a population of 10,000. The SEWA Health Workers and Community Health Agents of Brazil interacted with each other and exchanged experiences. CHA, selected from the community, visit homes, at least 10 a day, conduct surveys to identify health problems, both communicable and non-communicable, fix appointments with doctors and facilitates nursing care. They also discuss individual cases in their team meetings, follow-up on appointments and as per the need, arrange home visits for doctors and nurses. Each team also has a dentist who provides dental care to children, elderly and for all pregnant women dental care is mandatory. In case of epidemics like dengue or malaria CHAs make home visits, identify cases, send them for tests and distribute pamphlets and fliers in the community to combat the spread of the epidemic.

The day ended with a visit to **CEREST at Victoria Da Conquista.** The team of experts here included a doctor, nurse, psychologist, physiologist, and social workers. This centre provides technical support for vigilance, prevention, diagnosis, treatment and rehabilitation of workers health. The major issues classified and diagnosed through this centre include severe accidents at work, exposure to biological material, mental health and exposure to pesticides. The CEREST provides primary health care, legal assistance, guidance to unions, ministry of labour and workers themselves.

The visit to the **Family Health Centre** at Salvador started with a meeting with the staff that included the doctor, nurse, nursing technician, dentist and community health agents. This is the primary health care unit under the SUS. The CHAs visit the nearby communities from here. Each centre

covers 7 to 8 micro-areas and the families there are registered here. The CHAs make regular home visits and as per the need, the nurse and doctor would also visit the community. Special attention is given to pregnant women and prenatal care is provided at the centre and referred to higher levels of care. It is the responsibility of the CHA to ensure they go for check-ups regularly. Following this we visited the community and some homes of elderly, sick and people who needed regular medical and nursing care. They also identify families who have very low or negligible income (less than 70 Reais per month) and the government provides them a family grant of up to 180 Reais per month. The CHAs and SEWA Health workers could share notes and it was a learning experience for our team.

We visited the **CESATI (Centre for studies in worker's health)** which is the directorate of surveillance and health care for workers for the State of Bahia. A presentation was made on workers health laying the emphasis on its significance under SUS. The CESATI addresses issues of workers taking into consideration the social, economical, technical and organisational environment that affects the conditions at work and consequent risk factors. Over the years they worked closely with unions and companies diagnosing issues that are affecting a large number of workers in the state of Bahia like those involved in the banking sector, chemical work, metal work, etc. The emerging issues were addressed with companies through different projects to improve the working conditions and environment. The department also does a lot of survey to identify various risks in the environment and recommendations given to reduce the same.

The visit to Brazil was concluded with a presentation by the SEWA team in the Institute of Collective Health.

Major Learnings

a) The need to understand in detail the health problems associated with specific occupations, diagnose its causes, risk factors, and take adequate measures to address it is very important. The diagnosis and treatment of any medical complaint at the primary level should take into consideration the occupation of the patients and analyse the working conditions, work related risks and hazards, number of working hours, etc. This is essential to address health issues related to specific occupations and take preventive measures. In India the PHC's should be oriented and equipped to address these issues.

b) Occupational health and safety can be effectively integrated into primary health care, and systems for operationalising this can be worked out at the local level, as in the Brazilian case.

c) Data collection, storage and maintenance are decentralised. It is used effectively at the local level, as well as national level, to address health issues of people and understanding the trends; issues related to different occupations and used to influence policies in favour of workers and putting pressure on employers to improve work conditions.

d) Workers of the informal economy in Brazil have some basic social protection which is effective. For example, the employers of domestic workers pay 12% of social security coverage, in addition to one month's bonus and vacation. Domestic workers pay out 8%. Although there are employers who exploit the workers, the domestic workers union is addressing such cases and quite effectively. They have a success rate of winning 99% of cases that come to them.

e) Social participation is an integral and important component of SUS. Social participation in health has been institutionalised by the Brazilian constitution which has led to the formation of health councils at all levels. These councils are made of users, health workers and service providers. These councils assess the health situation and propose directives for health policies. Such committees should be formed at all levels particularly to monitor quality of services and suggest amendments in the system from time to time.

f) Under the SUS the decentralised Family Health Unit/Centre has resulted in an increase in, and easier access to, primary health care which in turn has increased the coverage of health services. While improving access to integrated care, the family health unit provides a platform for the prevention and management of chronic diseases.

g) The Family Health Centre helps in fixing appointments for patients to higher levels of care. This is done online in the Centre of Regulations and Procedure. Referral slips generated in this centre are handed over to the patients by Community Health Agents, CHAs, or can be accessed online. This system has reduced long waiting hours to see doctors and ensures quality care and appointments with specialists less cumbersome.

h) The CHAs maintain individual family health data and have data of each and every household they have to cover. This helps in closely monitoring treatments, controlling epidemics and providing education and awareness as per the need. The CHAs are also able to provide personal attention and nursing care to elderly who are sick, at their homes and doctors and

nurses also visit them. We visited a few such homes and interacted with the patients---one who was paralysed, another with leprosy and the third a diabetic patient whose foot had to be amputated. All the three patients expressed their satisfaction of the services provided to them.

i) While visiting different departments and health centres the coordination between them was quite apparent as we could see that they were sharing information and data with each other.

j) The integrated approach at the CEREST with a team of doctor, nurse, psychologist, physiotherapist, and social workers addressing OH problems, and giving the necessary advice seemed to be a very good system. Workers with multiple problems could seek advice for problems ranging from musculoskeletal ones to mental health. Moreover, at the CEREST the team of experts from diverse backgrounds could further explore and analyse the causes and risk factors pertaining to specific occupations and take necessary preventive measures by lobbying with the employers.

k) The health surveillance by CEREST (local level), CESATI (State level) and RENAST (national level) helps identify trends and major problem areas which can then be addressed at different levels by influencing policies, lobbying with unions and employers. The surveillance also helps in developing various interventions and programmes for the workers to create awareness about these issues and preventive measures.

Conclusion

The visit to Brazil was an excellent learning experience for the entire SEWA team. Integrating OH at the primary health care level is something we are trying to do. However, there is a need to upscale this effort and more advocacy at the policy level to integrate OH at the primary health care centres is necessary. We also think that we should be maintaining more data of informal workers in the context of OH-the health issues related to specific occupations and analysis of the same. This will help us develop appropriate programmes for specific occupations to create awareness about health issues and what could be the possible measures that can be taken to reduce the same. Also, it would be important to share this information with public and private health providers to orient them to understand, diagnose and treat with an OH lens. The work that has been initiated in Gujarat should be implemented in other states where SEWA is working particularly as we have seen that promoting primary preventive health care enhances the productivity and efficiency of informal workers and has a positive impact in their lives.