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THE CONVERGENCE BETWEEN PUBLIC HEALTH, HUMAN RIGHTS AND ETHICS: CHALLENGES AND PERSPECTIVES IN THE IMPLEMENTATION OF PUBLIC HEALTH PROGRAMS IN BRAZIL

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ABSTRACT

This study analyzes the relationship between public health, human rights, and ethics, focusing on the implementation and challenges of public health programs in Brazil. The objective was to understand how the principles of equity, universality and social justice, enshrined in the Federal Constitution of 1988, guide health policies and programs such as the Unified Health System (SUS) and the Family Health Program (PSF). The methodology adopted was a bibliographic review, with analysis of official documents, academic articles and reports from international organizations. The theoretical framework covered concepts of human rights, social determinants of health, and ethics in public health, based on authors such as Paim (2011), Solar and Irwin (2010), and Beauchamp and Childress (2019). The main results indicated that, although public health programs in Brazil promote significant advances in access to health, challenges such as underfunding, regional inequalities, and lack of resources compromise their effectiveness. In addition, ethics in public health programs require a balance between collective health and individual rights, especially in contexts of health intervention. The final considerations suggest that, in order to strengthen public health programs, it is necessary to increase funding, promote social participation, and ensure efficient management, in line with constitutional and ethical principles, to ensure health as a fundamental right for all citizens.

Keywords: Public health, Human rights, Ethics, Public health programs, Social justice.

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INTRODUCTION

Public health is one of the fundamental pillars for the well-being of any society, being intrinsically related to human rights and ethics. The Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948, recognizes the right to health as an essential right for human dignity. In Brazil, the Federal Constitution of 1988 consolidated this right by declaring that "health is everyone's right and the duty of the State", establishing a framework for public health policies and giving rise to the Unified Health System (SUS), which aims to ensure universality, integrality and equity in access to health services.

However, the implementation of these policies faces numerous challenges, such as underfunding, inequality in access to services, fragmentation of the health network, and a shortage of qualified professionals, which makes it difficult to fully realize the right to health. In addition, ethics in public health becomes a crucial component, as it guides political decisions and institutional practices, especially when it comes to respecting individual and collective rights during the implementation of health interventions.

This study aims to analyze how the intersection between public health, human rights, legislation, and ethics influences the implementation of public health programs in Brazil, identifying the challenges and perspectives that arise in this context. The research aims to understand how the constitutional principles of equity and social justice are applied in practice and the challenges faced by health programs, such as the SUS and the Family Health Program (PSF). Based on a literature review, it also seeks to identify ways to overcome structural and financial limitations and to suggest new approaches that can strengthen the effectiveness of public health policies.

METHODOLOGY

This article conducts an exploratory and analytical literature review, with a qualitative approach, to understand the intersection between public health, human rights, legislation and ethics, and their influence on the implementation of public health programs in Brazil. The research was conducted in scientific databases such as PubMed, SciELO, VHL (Virtual Health Library) and Google Scholar. In addition, official documents were used, such as legislation, guidelines from the Ministry of Health, and reports from international organizations, such as the World Health Organization (WHO) and the Pan American Health Organization (PAHO).

The inclusion criteria included publications in Portuguese, English, and Spanish between 2000 and 2024, as long as they directly addressed the topics of public health, human rights, professional ethics, and legislation related to the Unified Health System (SUS). Official documents that discuss the implementation of public health policies were also selected. On the other hand, articles that did not have direct relevance to the theme or were of an opinionated nature without technical or scientific basis, as well as duplicate publications in different databases, were excluded.

The study was guided by the guiding question: *How does the intersection between public health, human rights, legislation, and ethics influence the implementation of public health programs in Brazil?* Initially, searches were carried out for keywords such as *"public health and human rights", "ethics in public health", "legislation and health in Brazil"* and *"public health programs in Brazil".* The identified texts were submitted to an exploratory reading to assess their relevance to the theme. Then, an analytical reading allowed the identification of the points of convergence between the objectives of the study and the contents addressed in the sources.

The data were organized into four main thematic axes: human rights as a basis for public health policies, Brazilian legislation in the context of the SUS, ethics in public health and professional practice, and challenges in the implementation of public health programs. The results of these analyses were submitted to a critical interpretation, integrating the findings with the previously established theoretical framework. In addition, the data were compared with reports from international organizations and secondary information from Brazilian studies to validate the consistency and timeliness of the conclusions.

Although the literature review allows a broad and detailed analysis of the theme, the absence of primary empirical data is recognized as a limitation, which restricts the generalization of the findings. Furthermore, the quality of the results depends on the availability and accessibility of the sources. Even so, this methodology proved to be adequate to achieve the objectives of the study, offering a broad and critical view of the investigated theme.

THEORETICAL FRAMEWORK

PUBLIC HEALTH AND HUMAN RIGHTS

The relationship between public health and human rights constitutes a central axis for the development of public policies that seek equity, universality and social justice.

Human rights are normative instruments that promote human dignity, freedom and equality, and are internationally recognized by documents such as the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966). These treaties reaffirm the right to health as fundamental, emphasizing that its full exercise is related to social, economic and cultural factors, in addition to access to health services (*World Health Organization, 2008*).

In the Brazilian context, the Federal Constitution of 1988 represented a historic milestone by consolidating health as "a right of all and a duty of the State" (art. 196). This normative precept gave rise to the Unified Health System (SUS), governed by Law No. 8,080/1990, which established the principles of universality, integrality, and equity in access to health actions and services. According to Paim (2011), the SUS not only expanded the reach of health services, but also promoted the strengthening of a system that seeks to eliminate regional and social disparities in the country.

The articulation between public health and human rights requires an approach that transcends medical care and addresses social determinants of health, such as housing, education, food, and basic sanitation. According to *Solar and Irwin (2010),* social determinants are structural factors that shape living conditions and significantly influence the health status of populations, especially the most vulnerable. In Brazil, the persistence of social and economic inequalities challenges the implementation of policies that guarantee the right to health in an equitable manner.

In addition, the intersection between health and human rights encounters structural barriers, such as the underfunding of the SUS, the insufficiency of trained human resources, and fragmentation in the supply of services. These difficulties reflect ethical and political challenges to the realization of the right to health. According to Diniz and Araújo (2017), the vulnerability of certain population groups, such as indigenous peoples, the black population, and residents of rural or peripheral areas, shows how structural inequalities interfere with access to health and the realization of human rights.

In this context, ethics in public health plays a crucial role, as it guides policy decisions and institutional practices that directly or indirectly affect people's dignity and well-being. *Beauchamp and Childress (2019)* argue that ethical principles, such as justice and beneficence, should be incorporated not only into clinical practice, but also into public policymaking, in order to ensure that interventions are grounded in equity and respect for human rights.

The integration between public health and human rights reinforces the need for a governance model that favors social participation and transparency. Social control in the SUS, through health councils and conferences, is an example of how Brazil seeks to align health management with democratic principles and human rights. However, the effectiveness of this mechanism is still limited by issues such as low popular participation and the lack of resources to enable deliberate actions in these spaces (*Giovanella et al., 2020*).

Therefore, understanding the relationship between public health and human rights is essential for the development of more inclusive and effective policies, capable of addressing the challenges of social inequalities and promoting health as a fundamental human right.

BRAZILIAN LEGISLATION IN PUBLIC HEALTH

Brazilian public health legislation is an essential pillar for the promotion of the right to health and for the organization of health policies in the country. The Federal Constitution of 1988 is the main reference in this context, when it establishes, in article 196, that "health is the right of all and the duty of the State", and must be guaranteed through social and economic policies that reduce the risk of diseases and other health problems and ensure universal and equal access to health actions and services. This normative framework represents a significant advance in recognizing health as a fundamental right, in line with the precepts of equity and social justice *(Brasil, 1988).*

The operationalization of this constitutional right was consolidated by Law No. 8,080/1990, known as the Organic Health Law, which created the Unified Health System (SUS). The law defines the guiding principles of the SUS, such as universality, integrality, and equity, and establishes that health must be promoted through an integrated set of actions that involve not only medical care, but also epidemiological and sanitary surveillance, and the promotion of social determinants of health. According to Paim (2011), the implementation of the SUS represented an advance in the democratization of access to health services, but also brought challenges related to management, financing and regional inequalities.

Another relevant instrument in Brazilian legislation is Law No. 8,142/1990, which regulates the participation of the community in the management of the SUS, through health councils and conferences, and establishes criteria for the transfer of financial resources between the levels of government. This law reinforces the participatory and decentralized character of the system, allowing civil society to influence the formulation and monitoring of health policies. According to Giovanella et al. (2020), this social participation is essential to align public policies with the real needs of the population, although challenges such as low popular adherence and lack of resources still limit their effectiveness.

In addition, Brazilian public health legislation dialogues directly with the principles established in international treaties and conventions. Brazil is a signatory to documents such as the Declaration of Alma-Ata (1978), which promotes primary health care as a strategy to achieve health for all, and the International Covenant on Economic, Social and Cultural Rights (1966), which includes the right to health as essential for human development. This integration between national and international regulations strengthens Brazil's commitment to ensuring universal and equal access to health care (*World Health Organization, 2008*).

However, insufficient funding and fragmentation of actions between the different levels of government are persistent barriers to the implementation of legislation. Data from the National Health Council indicate that the resources allocated to the SUS are often lower than the real needs of the population, compromising the quality and scope of the services offered. According to Vieira and Benevides (2020), the underfunding of the system is aggravated by constitutional amendments, such as Constitutional Amendment No. 95/2016, which froze public spending for 20 years, negatively impacting public health financing in the country.

Finally, Brazilian public health legislation also faces the challenge of keeping up with demographic and epidemiological changes in the population. The increase in life expectancy, the epidemiological transition, and the demands related to chronic non-communicable diseases require the reformulation of policies and regulations that ensure the sustainability of the system and its ability to meet the needs of society in an effective and ethical manner. Thus, public health legislation in Brazil is configured as a dynamic field, which seeks to align itself with constitutional principles while facing political, social, and economic challenges that impact its effectiveness.

ETHICS IN PUBLIC HEALTH

Ethics in public health involves a critical reflection on the values and principles that should guide the practices of promotion, protection and recovery of the health of populations. It is an interdisciplinary field that encompasses fundamental issues such as equity in access to health services, respect for the autonomy of individuals, distributive justice and social responsibility. Ethics in public health is not limited to clinical practices, but extends to public policies, the distribution of resources, and the organization of health services, seeking to ensure human dignity and social justice in contexts of vulnerability.

One of the central ethical principles in public health is social justice, which advocates the equitable distribution of health resources, aiming at reducing inequalities. According to Beauchamp and Childress (2019), justice in public health requires that everyone has access to adequate health care, especially those in conditions of greater vulnerability. This principle is closely related to the concept of equity, which implies offering resources and services appropriate to the needs of each group, without discrimination or exclusion.

Autonomy, although most often associated with clinical ethics, is also a fundamental principle in public health. While public policies may, in certain situations, limit individual autonomy to promote collective well-being (e.g., in vaccination or infectious disease control campaigns), it is essential that these policies respect the dignity of individuals and seek informed consent whenever possible. The World Health Organization (2008) reinforces that, when formulating public health interventions, people's rights and freedoms must be preserved, especially with regard to choices related to individual health.

In addition, ethics in public health involves a commitment to prevention and health promotion, considering the social determinants of health, such as housing conditions, education, food, and access to essential services. The ethical approach must therefore promote public policies that not only meet emergency needs, but also help prevent diseases and improve the living conditions of populations, especially the most vulnerable. Solar and Irwin (2010) argue that health promotion is a collective responsibility that must be addressed in an integral way, considering the economic, social and cultural aspects that influence the health of populations.

The concept of ethical public health also involves a critique of the commodification of health services. Privatization and management guided by economic interests often result in inequalities in access to health care and violate fundamental ethical principles. This is particularly relevant in contexts such as public health systems in developing countries, where resource scarcity and social inequalities create significant barriers to access to healthcare. Ethics in public health, in this case, requires constant vigilance to ensure that the implementation of health policies is aligned with the principles of justice and equity (Paim, 2011; Buss and Ferreira, 2011).

Transparency and social participation are also essential components of ethics in public health. Community participation in health-related decisions, through councils and conferences, has been recognized as a fundamental ethical practice in Brazil, especially in the Unified Health System (SUS), according to Law No. 8,142/1990. The active participation of citizens in public health management promotes social responsibility and ensures that public policies meet the real needs of populations, respecting the diversity and specificities of each social group (Giovanella et al., 2020).

Therefore, ethics in public health is a dynamic and essential field for the development of policies and practices that promote health in a fair, equitable, and respectful way. Ethics should guide the actions of health professionals, public managers, and policymakers to ensure that health is treated as a fundamental human right, accessible to all, without discrimination.

PUBLIC HEALTH PROGRAMMES

Public health programs are fundamental for the promotion, prevention and recovery of the health of populations. In the context of ethics and human rights, such programs should be planned and executed based on the principles of social justice, equity, and universality, seeking to ensure that all individuals, regardless of their social class, ethnicity, or place of residence, have access to adequate and quality health services (Paim, 2011; Buss and Ferreira, 2011).

Health promotion is one of the areas in which public health programs focus, aiming to improve living conditions and reduce social inequalities that impact the health of the population. According to the World Health Organization (2008), health promotion is a process that enables individuals to increase control over their own health, taking into account the social determinants that affect well-being, such as education, food, work and the environment. These social and economic factors, as pointed out by Solar and Irwin (2010), play a crucial role in the health of populations and are often the target of public policies that seek to address them through programs aimed at preventing diseases and improving living conditions.

In Brazil, public health programs are structured mainly by the Unified Health System (SUS), whose Organic Health Law (Law No. 8,080/1990) establishes universality, integrality, and equity as principles to guarantee health for all citizens. The SUS is characterized by the decentralization of management and the participation of civil society in the formulation and supervision of public policies, being an example of how ethics in public health can be operationalized in programs that seek inclusion and social justice. Social control, through health councils and conferences, is a mechanism that allows the population to influence and monitor decisions about health programs, which reflects the commitment to transparency and the protection of human rights (Giovanella et al., 2020).

Public health programs such as the Family Health Program (PSF) exemplify the importance of interconnected action between medical care, health education and community participation. The PSF, when working in primary care, seeks not only to treat diseases, but also to prevent diseases and promote healthy habits, respecting the cultural specificities and local needs of the population. According to Paim (2011), this health care model contributes to the reduction of social inequalities, since it focuses on equity in access to health, especially in peripheral and rural areas, where the private health system generally does not have a presence.

However, the success of public health programs depends on their effective implementation and adequate funding. The lack of financial resources, the fragmentation of public policies, and the insufficiency of trained personnel to work in the various areas of public health represent considerable challenges. Constitutional Amendment No. 95/2016, which imposed a ceiling on public spending, has been pointed out as a factor that aggravates the underfunding of the Unified Health System, compromising the expansion and improvement of the quality of public health programs (Vieira & Benevides, 2020). This underfunding directly impacts the execution of programs, especially in needier areas and in preventive health services.

In addition, ethics in public health programs involves respect for the rights of individuals, including informed consent, privacy, and confidentiality. Although public health programs, such as vaccination and communicable disease control campaigns, may require the implementation of policies that limit individual autonomy in the name of collective health, it is essential that such actions be carried out with a minimum of coerciveness and that they respect the dignity of citizens. As Beauchamp and Childress (2019) point out, the justification for state intervention in public health must be based on the principle of beneficence, that is, on the search for collective well-being, but always considering individual rights and freedoms.

In summary, public health programs are an essential tool to ensure universal access to health and equity in society. However, its effectiveness depends on adequate funding, efficient management, and an ongoing commitment to human rights and fundamental ethical principles. Alignment between public health programs and human rights is necessary to ensure that all citizens can enjoy a fundamental right to health, regardless of their social or geographic position.

FINAL CONSIDERATIONS

The analysis of the relationship between public health, human rights and ethics reveals the complexity involved in the implementation of health programs that seek equity and universality in access to services. The Unified Health System (SUS), although it represents a significant advance in consolidating health as a right for all, faces persistent challenges, such as underfunding, fragmentation of services, and inequality in access, which compromise its effectiveness, especially in the poorest regions and vulnerable populations. Ethics, in turn, plays a fundamental role in the construction of public policies that respect human dignity, balancing collective needs with individual rights, especially in contexts of health intervention.

The evidence indicates that, in order to ensure the full functioning of public health programs, it is imperative to increase funding for the SUS and to implement public policies that integrate effective social participation, expanding social control and transparency in management. Improving professional training and reducing social inequalities are also essential to strengthen equity in the Brazilian health system

In view of the challenges encountered, it is suggested that further studies explore the analysis of the social determinants of health and the impact of public health policies on the most vulnerable populations. In addition, research on the effectiveness of social participation strategies and the role of information and communication technologies in improving SUS management can provide new ways to overcome the structural and financial barriers that limit the full implementation of health rights.

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