

# IMPLEMENTATION OF THE NATIONAL COMPREHENSIVE HEALTH POLICY FOR THE BLACK POPULATION IN BAHIA

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## IMPLEMENTAÇÃO DA POLÍTICA NACIONAL DE ATENÇÃO INTEGRAL A SAÚDE DA POPULAÇÃO NEGRA NA BAHIA

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## IMPLEMENTACIÓN DE LA POLÍTICA NACIONAL DE ATENCIÓN INTEGRAL A LA SALUD DE LA POBLACIÓN NEGRA EN BAHÍA

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**Objective:** to describe the implementation and operationalization of the National Comprehensive Health Policy for the Black Population in the state of Bahia, Brazil. **Method:** official documents prepared by the Health Secretariat of the State of Bahia from 2007 to 2015 were used in the study. **Results:** with the recognition of the impression of racism as one of the social determinants of health conditions and with the goal of promoting equity in relation to the effective human right to health, the state of Bahia has promoted actions for the operationalization of the National Comprehensive Health Policy for the Black Population, with a growing incorporation of its objectives in the planning of activities. **Conclusion:** the advances of health care actions for the black population in Bahia during the period studied were evident, but the policy cycle is still far from completed. Actions to promote more far-reaching activities in the municipalities of Bahia are still needed.

**Descriptors:** Public Policies. Social Inequity. African Continental Ancestry Group.

*Objetivo:* descrever a implantação e operacionalização da Política Nacional de Atenção Integral à Saúde da População Negra no estado da Bahia, Brasil. *Método:* foram utilizados documentos oficiais elaborados pela Secretaria de Saúde do Estado da Bahia no período de 2007 a 2015. *Resultados:* com o reconhecimento da marca do racismo como um dos determinantes sociais das condições de saúde e o objetivo de promover a equidade no que diz respeito à efetivação do direito humano à saúde, a Bahia promoveu ações para a operacionalização da Política Nacional de Saúde Integral da População Negra, sendo observada crescente incorporação dos objetivos da política nos planejamentos das atividades. *Conclusão:* foram evidentes os avanços das ações de atenção à saúde da população negra na Bahia durante o período estudado, porém o ciclo da política ainda está longe de acabar, o que exige ações que promovam maior alcance das atividades nos municípios baianos.

*Descritores:* Políticas Públicas. Iniquidade Social. Grupo com Ancestrais do Continente Africano.

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*Objetivo: describir la implantación y la operacionalización de la Política Nacional de Atención Integral a la Salud de la Población Negra en el estado de Bahía, Brasil. Método: se utilizaron documentos oficiales desarrollados por la Secretaría de Salud del Estado de Bahía en el período de 2007 a 2015. Resultados: con el reconocimiento del sello del racismo como uno de los determinantes sociales de las condiciones sanitarias y el objetivo de promover la equidad en lo que atañe al cumplimiento del derecho humano a la salud, el estado de Bahía promovió acciones para operacionalizar la Política Nacional de Salud Integral de la Población Negra, donde se observó una creciente incorporación de los objetivos de la política en las planificaciones de las actividades. Conclusión: se evidenciaron los avances de las acciones de atención a la salud de la población negra en Bahía durante el período investigado, pero el ciclo de la política aún está lejos de cerrar, lo que requiere acciones que promuevan un mayor alcance de las actividades en las ciudades de Bahía.*

*Descriptores: Políticas Públicas. Inequidad Social. Grupo de Ascendencia Continental Africana.*

## Introduction

Throughout the Brazilian history, certain segments of the population with specific ethnic and social characteristics have experienced unequal conditions, resulting in a picture of inequities. As regards the black population, such inequities led to a racism that persisted in a silent, undeclared and often muted manner, even after the official abolition of the exploitation of African peoples in the national territory<sup>(1)</sup>. This social segment, victim of its historical conditions, finds itself in the poorest strata and in a chronic situation of iniquity in relation to health. This is indicated by the precocity of deaths, high rate of maternal and infant mortality, high rates of deaths due to external and ill-defined causes, among other indicators, most often aggravated by racial discrimination in several institutions, including health services<sup>(2)</sup>.

The aforementioned racism is a phenomenon whose dynamics has been updated over time in the structures of society. The meanings that it reproduces focus on the treatment directed to racial groups, influencing access and opportunities, creating and/or enhancing vulnerabilities through the imposition of barriers to access rights or neglecting needs of all orders<sup>(1)</sup>.

The recognition of racism as a social determinant of health places it at the center of the debate and reveals the maturity of institutions in dealing with situations of inequality originated or determined by race or skin color. The difficult nature of this theme and the large dimension of the challenges to achieve effective results are

known. However, it is necessary to highlight the unprecedented and leading role that Brazil has had in the Americas in defying the *status quo* in order to break paradigms and seek solutions in the field of health<sup>(3)</sup>.

The Sanitary Reform movement, which was set up by the mobilization of several actors from the second half of the 1970s onwards, has brought into debate the proposals for change in the management and organization of the public health system in order to guarantee universality, comprehensiveness and equity in access to actions and services. This set of principles and guidelines was incorporated into the "Health" chapter of the 1988 Constitution, so that the State assumed responsibility for the construction of the Unified Health System (SUS)<sup>(4)</sup>.

Later on, technical groups, directly or indirectly linked to the black movements, were established and began to act in the bureaucratic field as political subjects, bearers of demands, claims and proposals born in the movements. These initiatives were added to the more general efforts to institutionalize the rights of citizenship, which converged to the approval of several articles in our Major Law. These articles criminalize racism, representing a victory regarding the recognition of this practice as cause of punishable iniquities<sup>(5)</sup>.

Thus, the health of the black population has been the subject of policies in Brazil because it has characteristics that indicate disparities with regard to health conditions, be it from an individual or a collective point of view. In order

to promote equity with regard to the effective application of the human right to health of this population, the National Health Council approved on November 10, 2006, the National Comprehensive Health Policy for the Black Population (NCHPBP). Instituted by the Decree n. 992 of May 13, 2009, the NCHPBP aims to promote equity in health, due to risk situations, with a view to increasing the health care for the black population. This emerges as an important tool to reconstruction of health through a policy that meets the demand and reality of the country<sup>(2)</sup>.

In order to respond to the iniquities outlined above, the Secretariat of Bahia chose technicians who would have the duty to promote dialogue with civil society and identify proposals and solutions to guarantee health care for the black population; make proposals; implement the solution, policies, programs and actions and translate the policy objectives into strategies so that they compose the regulatory frameworks for the management of the Unified Health System (SUS) and, finally, monitor and evaluate the goals and results<sup>(6)</sup>.

The purpose of this article is to describe the implementation process of the National Comprehensive Health Policy for the Black Population in the state of Bahia, Brazil, within the scope of the Health Secretariat of that state, after the creation of the State Technical Committee for the Health of the Black Population in 2007 and its repercussions.

## Method

This is a documentary study on the process of implementation of the National Comprehensive Health Policy for the Black Population in the state of Bahia, Brazil, through documents provided by the Health Secretariat of the State of Bahia (Sesab) and carried out between the months of August and December 2016.

The production of data was based on extensive reading and analysis of documents related to the processing of this policy between 2007 and 2015. The process of implementation

of the Policy was analyzed based on the records of the State Health Plan (2007-2010) and State Health Plan (2011-2015), the Annual Management Report, institutional publications in the Technical Area of Health of the Black Population, besides documents prepared at Sesab.

## Results and Discussion

In order to facilitate the understanding of the process of implementation and operationalization of the National Comprehensive Health Policy for the Black Population, this section discusses the policy processing in Brazilian and Bahia territory in the following subsections: Implementation of the NCHPBP in Brazil; Implementation of the NCHPBP in Bahia; Actions developed to operationalize the NCHPBP in Bahia; Informational and Instrumental Materials for the NCHPBP; and Challenges of the NCHPBP in Bahia.

### *Implementation of the National Comprehensive Health Policy for the Black Population (NCHPBP) in Brazil*

The National Comprehensive Health Policy for the Black Population defines the principles, the brand, the objectives, the directives, the strategies and the responsibilities of management directed to the improvement of the health conditions of this segment of the population. It includes actions of health care, attention, promotion and disease prevention, as well as participatory management, social control, production of knowledge, training and permanent education for health workers. The aim is to promote equity in the health of the black population, which represents 53.1% of the Brazilian population according to the last National Household Sample Survey (NHSS) in 2013<sup>(2)</sup>.

In 2006, the National Health Council (NHC) unanimously approved the creation of the NCHPBP, recognizing racial inequalities as factors that interfere with the health, disease, care and death process, as well as the need to implement policies to combat inequities.

However, the PNSIPN was only agreed in the Tripartite Interagency Committee (TIC) in 2008, formalizing the commitment to the three spheres of government for execution of the actions in the scope of promoting equity in the SUS. Only in 2009 did the Ministry of Health (MOH) published the decree instituting such a policy, recognizing that, in fact, the existing racism in the Brazilian society has impacts on health<sup>(7)</sup>.

The responsibility for its implementation was passed to the various State and Municipal Secretariats and the MOH bodies under the general coordination of the Secretariat of Strategic and Participatory Management of the Ministry of Health (SGEP-MS). This body would be responsible for the dissemination of the Policy, awareness of the professionals, monitoring, evaluation and technical support to the departments and areas of the MOH, as well as Health Secretariats of states and municipalities<sup>(5)</sup>.

It is known that the creation of this policy appears as a compensatory measure in order to minimize the effects of the discrimination and exploitation suffered by the blacks throughout history, motivated by the black social movements in search for better conditions of life, mainly from the 1980s onwards. In Brazil, the 8th National Health Conference, which had a massive participation of the black movement and gave a noticeable visibility to this segment, stands out as a golden moment in this struggle<sup>(8)</sup>.

Later, in the 1990s, the federal government began to address the issue in response to the demands of the Zumbi dos Palmares March, which advocated the end of racism. It is also worth noting the singular importance of the role of the Brazilian Black Social Movement in the 11<sup>th</sup> and 12<sup>th</sup> National Health Conference in 2000 and 2003, which resulted in the creation of the Special Secretariat for Racial Equality Policies (SEPPIR), as a direct advisory body of the Presidency of the Republic. Two years later, several seminars, meetings and debates took place throughout the national territory, culminating in the approval of this policy, whose objective is to ensure equity in the implementation of the human right to health, treatment and recovery from diseases

and non-transmissible illnesses, of the black population<sup>(2)</sup>.

This policy covers actions and programs of various departments and bodies linked to the Ministry of Health and is part of the SUS dynamics through solidarity and participative management. This includes the use of the skin color issue in the production of epidemiological information for definition of priorities and decision-making process; expansion and strengthening of social control; development of strategies to identify, approach, combat and prevent institutional racism in the workplace, in the processes of training and educating professionals, implementing affirmative actions to achieve equity in health and promote racial equality<sup>(2)</sup>.

Important studies on the health situation of the black population in Brazil and their social determinants were essential to guide the priority action strategies of this policy. We highlight the research carried out by the Brazilian Institute of Geography and Statistics (IBGE) and the Institute of Applied Economic Research (IPEA) in the 2000s that provided data on the low income levels of this segment both at the individual and family *per capita* level, as a limiting factor of the individual and social freedoms of the subjects. There is also the important contribution of the Brazil Health Report published in 2005, which brought up a thorough analysis according to race, color and ethnicity, showing that the country's black population was more vulnerable to illness, sickness and death when compared to the white population due to unfavorable conditions to which it was subjected<sup>(9)</sup>.

The creation of Technical Committees on the Health of the Black Population, Technical Areas on the Health of the Black Population (HBP) or selection of a technical leader responsible for coordinating the HBP actions should compose the strategies defined by State and Municipal Secretariats to disseminate the Policy, raise awareness among professionals and insert the Policy in the SUS. According to a survey carried out by the Department of Strategic and Participatory Management of the Ministry of Health, ten states of the federation had created technical areas,

two had established technical committees on the health of the black population and two had chosen a technical leader. The activities carried out to sensitize managers, professionals and civil society included seminars, workshops, campaigns, intervention on the National Day of Mobilization Pro-HBP and on the Day of Black Consciousness<sup>(10)</sup>.

### *Implementation of the National Comprehensive Health Policy for the Black Population in Bahia*

Considering that public health policies should be attentive to the identification of priority problems for specific populations and in situations of vulnerability, the Health Secretariat of the State of Bahia created In 2007 the State Technical Committee on the Health of the Black Population, formalized by Decree n. 10,572, of November 19, 2007. This had the objective of formulating, systematizing, supporting, monitoring and evaluating the future implementation of the State Health Policy for the Black Population, in accordance with the National and State Health Plans, and the State Plan for the Promotion of Racial Equality<sup>(6)</sup>.

The mission of the aforementioned committee would be to support and stimulate the formulation of public policies to reduce the iniquities of this population segment and to provide technical assistance to the Secretary of the Health Secretariat of the State, the Regional Health Departments (RHD) and the municipalities for the implementation of the State Health Policy and comprehensive health care for the black population<sup>(6)</sup>.

The State Health Plan (2007-2011), a major instrument of SUS state management established by Federal Law n. 8,080 of September 1990, brought as one of the commitments the guarantee to the integral attention to the health of the black population, expressed in the Commitment n. 8 entitled "Comprehensive health care for populations of greater social vulnerability and special situations of aggravation in order to reduce iniquities". This was still a timid and initial approach,

citing the need for greater attention to the health of patients with Sickle Cell Anemia and other hemoglobinopathies, under The responsibility of the Directorate of Care Management (DCM) and the Hemoba Foundation<sup>(7)</sup>.

According to the internal regulations of Sesab, Law n. 11,055 of June 26, 2008, the DCM is part of the Superintendency of Integral Health Care (SIHC) and its purpose is to coordinate processes for the formulation, deployment, implementation and evaluation of state health policies and programs that guarantee the qualification, broadening of access and integrality of the attention, through the implementation of care production lines, contemplating public policies aimed at promoting health equity, applying and expanding the concept of care to the needs of historically excluded populations, such as the black population, Quilombola and indigenous and albino peoples, among others<sup>(11)</sup>.

Since 2007, many actions were promoted and served as a basis for the creation of the policy in the state of Bahia. The production of scientific knowledge on the subject, the support to the Network of Afro-Brazilian Religions; the awareness of the social movement of health professionals and managers through the organization of seminars, workshops, campaigns, writing of minutes and creation of legislation on the Health of the Black Population stand out in this context<sup>(12)</sup>.

The Coordination for Promotion of Equity in Health (CPEH) is an extremely important body. It acts as a proposer, formulator and articulator and is part of the DCM, acting more specifically in the coordination of public policies related to the black population. Its work focuses on the expansion of access to the means and services of promotion, prevention, assistance and recovery of health for Quilombola communities, with emphasis on Basic Attention<sup>(12)</sup>.

Another strengthening action regarding the health of the black population and important as basis for future policy of expression in the State was the State Health Plan (2012-2015). This established in its chapter IV, on the Operational Modules, the Commitment n. 5 - "Promote

equity and humanization in the health care in the SUS of historically excluded, discriminated and/or stigmatized populations". This sought the promotion, equity and humanization in the integral health care of socially vulnerable segments, with emphasis on gender and race, with values of dignity, quality of life and health prevailing as priority<sup>(13)</sup>.

Undoubtedly, previous events were important to broaden the focus and awareness of applying relevant actions regarding the health of the population group in focus. However, the creation of the State Health Policy for the Black Population by the Decree n. 14,720/2013, was the largest expression of all, and included actions of health care, attention, promotion and prevention of diseases in the most prevalent diseases among the black population, promotion of participative management, popular participation and stimulation of social control, besides the production of knowledge, training and permanent education for health workers aiming at equity in health of the black population<sup>(12)</sup>.

This policy, which is in line with the SUS, is composed of programs of various instances of Sesab in articulation with the Secretariat for Racial Equality Promotion, the Secretariat of Education and other institutions and municipalities of the state, together with organs linked to the Ministry of Health. It is, therefore, a transversal policy, with formulation, management and operation shared between the three spheres of government, in agreement with the NCHPBP. Furthermore, it is observed that the racial issue in the boundary and regulatory instruments of the SUS and the technologies created to subsidize the implementation of the NCHPBP has been fundamental for institutionalization of the health care policy for the black population in the state of Bahia<sup>(12)</sup>.

#### *Actions developed to operationalize the National Comprehensive Health Policy for the Black Population in Bahia*

Few specific actions aimed at the health of the black population in the state of Bahia can be

related to periods prior to 2007. The discussion of this theme is a reality that has begun, but is still gaining maturity. Strategies to address priority aggravations of specific populations were conducted in a disjointed, fragmented, and poorly covered manner.

The transition diagnosis of the quarterly management reports of 2007 showed, in the Annual Management Report, that actions to increase access to care of specific population groups, including the black and Quilombola population, were non-existent<sup>(14)</sup>.

The creation of the State Technical Committee for the Health of the Black Population appears as one of the main tools for the deployment of the NCHPBP in the state. This significant framework made it possible to observe the growing inclusion of the commitments assumed by the Sesab in the policies, state and municipal health plans and Health Care Programs.

During this period, the Foundation of Hematology and Hemotherapy of Bahia continued the training of health professionals on Sickle Cell Anemia throughout the state, backed by the Agreement MOH 4293/2005. The Seminar on Sickle Disease allowed to promote an activity involving 191 professionals from the Northeast (Salvador), Mid-East (Feira de Santana), Southwest (Vitória da Conquista), South (Ilhéus), North (Juazeiro) and Extreme-South (Porto Seguro) regions.

Sickle cell anemia is a pathology that deserves attention within the context of Bahia. This state has the highest concentration of the black population, and consequently the highest prevalence of people affected by this disease, totaling an average of 15 thousand. The NCHPBP foresees the development of specific actions to reduce ethnic-racial disparities in health conditions and diseases. Sickle cell disease stands out among the diseases<sup>(15)</sup>.

Starting in 2008, the Program to Combat Institutional Racism (PCIR) was launched with the objective of strengthening and training the health sector in identifying and combating institutional racism. The partnership with the Ministry of Health allowed the beginning of

activities in five municipalities of the Metropolitan Region of Salvador and six of the Recôncavo baiano. In the same year, through a partnership of the Intersectorial Action Group with federal agencies, a health diagnosis of 35 Quilombola Communities was carried out with the objective of creating a policy for quilombos located in the state of Bahia<sup>(16)</sup>.

The actions to reduce morbidity and mortality due to sickle cell anemia were intensified with the publication of the State Policy on Comprehensive Care for Persons with Sickle Cell Disease. Despite the lack of a specific regulation or legislation, the program aims to deepen discussions, increase access to services, and qualify health teams<sup>(11)</sup>.

In 2009, 133 health professionals were trained on the care of people with sickle cell disease. There was also the inclusion of the sickle cell disease module as a mandatory requirement in the Specialization Course on Integrated Management of Childhood Illness (IMCI), aimed at professionals working in the Family Health Program. Some municipalities have already adhered to the policy objectives for the implementation of reference services, such as Ilhéus, Cruz das Almas, Santo Antônio, Jequié and Vitória da Conquista<sup>(17)</sup>.

Until 2010, 75 technical visits to Quilombola Communities had been carried out in 17 municipalities. Some of them received guidelines for the development of actions aimed at qualifying the health care for the resident population. The Secretariat for Racial Equality Promotion in the State of Bahia coordinated in a planned action the health analysis of 57 Quilombola Communities<sup>(18)</sup>. In this year, three essential meetings were held to discuss and expand the care for people with sickle cell disease in Bahia. The training of multiprofessional teams was carried out through seminars to standardize the care for pregnant women with sickle cell anemia and to implement the Reference Service for Comprehensive Care for Sickle Cell Disease in the Extreme South macro region and the Jequié Microregion. To expand the assistance to this group, representatives of the three management spheres discussed the creation of the Medium

and High Complexity Reference Center for people with sickle cell disease<sup>(18)</sup>.

The Ministry of Health promoted the 100-year campaign for diagnosis of sickle cell disease throughout the national territory. Health professionals attended the event through video conferencing. The 100-year Diagnosis of Sickle Cell Disease Committee was created as a new important step to support this campaign in the state<sup>(19)</sup>.

A reduction of activities in the general context was observed in 2011. The main efforts were directed at increasing the care for people with sickle cell anemia. A workshop on access pacing for microregional referral services was an event planned for implementing the High Risk Pregnancy Protocol in three maternity hospitals and another for implementing of reference services in four municipalities (Barreiras, Cruz das Almas, Ilhéus and Jequié)<sup>(20)</sup>.

In order to comply with the commitments already assumed by the Health Secretariat of the State, two projects/activities were approved by the Annual Budget Law (2012): 2799 – Implementation of Comprehensive Care for people with sickle cell disease; 3058 – Development of Comprehensive Care for Vulnerable Populations<sup>(21)</sup>. As one of the objectives of the Project/Activity 2799, the municipalities of Salvador, Camaçari, Jequié, Lauro de Freitas, Valença and Ilhéus received technical support to qualify the reference services. The State Government promoted a meeting between managers and professionals from nine municipalities, which are in adherence process to improve services.

Another important step was taken on July 9, 2012, when the Secretary of the Health Secretariat of the State and the Secretary for Promotion of Racial Equality signed a draft on the State Health Policy for the Black Population. In this document are described the principles, objectives, guidelines, strategies and responsibilities of the management that must be promoted. Furthermore, the State Committee for the Health of the Black Population, along with the Superintendency of Human Resources of Health and the Superintendency of Integral Health Care/

Directorate of Care Management, promoted three joint workshops with the purpose of discussing the implementation of strategies of the NCHPBP in the state of Bahia<sup>(21)</sup>.

The Annual Management Report of 2013 shows the activities promoted by the Sesab to comply with Commitment n. 05, which aimed to promote equity and humanization in health care in the Unified Health System of historically excluded and discriminated populations. As one of the strategies, the commitment with the budget for Projects/Activities n. 2,799 and n. 3.058 is sustained<sup>(22)</sup>. The following activities of the Sesab as strategies for implementing the policy in 2013 are also in this Report: implementation of the Program to Combat Institutional Racism in 13 municipalities; publication of the State Health Care Policy for the Black Population by Decree n. 14,720/2013; qualification of health service network teams for the care of populations with sickle cell disease in the municipalities of Alagoinhas, Juazeiro and Santo Antônio de Jesus<sup>(22)</sup>.

As an instrument of security for the free practice of meetings as a religious assistance service in the SUS Network of Sesab, the State Technical Committee for the Health of the Black Population published the Decree n. 02/2013 to regulate religious assistance in hospital units in the state of Bahia<sup>(23)</sup>.

For the continuity of actions related to Commitment n. 05 mentioned in the Annual Management Report of 2014, which aims to promote equity and humanization of historically excluded populations, the projects cited in previous years were renewed. In this way, the Sesab maintained the goal of structuring and qualifying the health teams and services for the care of the black population. Continued monitoring, evaluation, support and restructuring of services for people with sickle cell disease could be observed in a large number of municipalities (16) in 2014. In total, 28 Municipal/State Services were offered in the territory of Bahia<sup>(24)</sup>.

The implementation of the religious care network in the hospital units started at the João Batista Caribé Hospital in Salvador and the Menandro de Faria General Hospital in Lauro de Freitas. These and other issues that involve the State Health Policy for the Black Population were publicized and discussed in an event held with managers, professionals and the community of the city of Feira de Santana. The Sesab encouraged the participation of representatives in national events that addressed the theme, such as the National Seminar on the Promotion of Equity in Health and Social Control, held in Brasília<sup>(24)</sup>.

In the first half of 2015, three actions promoted by the Health Secretariat were very relevant. The first was the meeting between the Secretary of the Health Secretariat and the associations of people with sickle cell anemia. In this meeting, Sesab technicians presented a plan of action for implementation of a Reference Center with a multiprofessional team specialized in sickle cell anemia. The second action was promoted by the re-registration of state employees, in which race/skin color were informed in a specific form. The third action involved the celebration, throughout the month of June of this year, of the World Sickle Consciousness Awareness Day (June 19), with a red lighting display of the Lacerda elevator was exhibited in the city of Salvador<sup>(25)</sup>.

In October, an agreement signed between the government of the state of Bahia and an Italian pharmaceutical industry marked the course of the treatment of sickle cell disease with the production of hydroxyurea, a drug used to treat this disease. During the rest of 2015, particularly in November, the actions of the NCHPBP were stimulated mainly by events that discussed the health of the black population, the implementation and evaluation of the policy and the celebration of Black November. These and other major events held by Sesab and/or including its participation are shown in Chart 1<sup>(25)</sup>.

**Chart 1** – Events promoted by the Health Secretariat of the State of Bahia and/or including its participation. Salvador, Bahia, Brazil, 2016

Events	City	Year
National ceremony to launch the 100-year Campaign for Diagnosis of Sickle Cell Disease (Video Conference).	Brasília	2010
Workshop to discuss strategies for deployment/implementation of the NCHPBP.	Salvador	2012
IV Seminar of the Research Program for SUS-PPSUS.	Salvador	2014
Strategies for reducing syphilis (Video Conference).	Salvador	2014
1st Seminar Bahia Live Youth.	Salvador	2014
International Seminar on Health of the Black Population.	Feira de Santana	2014
National Seminar on the Promotion of Equity in Health and Social Control.	Brasília	2014
VIII Brazilian Symposium on Sickle Cell Disease.	Vitória	2015
Video conference alluding to the Blue November and Black November.	Salvador	2015
I Interdisciplinary Seminar on Health of the Black Population.	Salvador	2015
Exhibition Black Bahia.	Salvador	2015

Source: Created by the authors.

### *Informational and Instrumental Materials for the National Comprehensive Health Policy for the Black Population*

Instruments to subsidize the health care actions aimed at the black population had to be created for the implementation and operationalization of the guidelines of the National Comprehensive Health Policy for the Black Population in the state of Bahia. Among these, the following stand out:

- a) four editions of the Informative Bulletin of the Program to Combat Institutional Racism;
- b) the Oral Health Booklet, promoted by the Superintendency of Integral Health Care;
- c) the booklet of the Program to Combat Institutional Racism entitled “Strengthening the Principle of Equity in the Unified Health System”;
- d) the Law n. 12,288 of July 20, 2010, establishing the Statute of Racial Equality and amending Laws n. 7,716 of January 5, 1989, n. 9,029 of April 13, 1995, n. 7,347 of July 24, 1985, and n. 10,778 of November 24, 2003;

- e) publication of Decree n. 14,720 of August 29, 2013, establishing the State Health Policy for the Black Population;

- f) the Administrative Rule n. 880 of June 13, 2014, regulating religious assistance in hospital units of the Own Network of the Health Secretariat of the State of Bahia (Sesab).

### *Challenges of the National Comprehensive Health Policy for the Black Population in Bahia*

Despite the growing inclusion of the NCHPBP in the activities of the Health Secretariat, there are signs that persisting challenges may hinder the implementation of this policy in the state. Encouraging the production of scientific knowledge may provide quality support to the decisions of managers and professionals. In this way, the research on this theme in the state must receive greater incentive, especially in the municipalities that host Quilombola Communities.

Actions developed in the municipalities of the several regions of the state are, in fact, frequently cited in the Annual Management Reports since 2008, but most of the activities are concentrated in the capital of Bahia. In a state with vast territory and numerous municipalities, poles located close to the capital are supposed to be more easily reached by activities during the first years of deployment. However, after this period, the municipalities of the macro and microregion may be more freely articulated, at the same time that they collaborate with the objectives of the NCHPBP in Municipal Health Plans.

The need for a facilitative methodology with a far-reaching perspective for all actors is a reality that deserves to be discussed at all levels of management. The dissemination and circulation of actions programmed and developed for the expansion of the health care for the black population should take a greater proportion within the state, with emphasis to the less stimulated municipalities.

## Conclusion

The National Comprehensive Health Policy for the Black Population integrates a management model, in line with SUS, in which the ethnic groups in focus have the right to health promotion in care and attention, prioritizing the reduction of ethnic-racial inequalities, and fighting racism and discrimination in SUS institutions and services. This model corroborates the premise affirming the need for care and attention for health of peoples marked by historical exclusion and who are part of the most vulnerable sections of the population. The model also improves and enables this policy in the field of public health.

The analysis of the process of implementation of the NCHPBP in the state of Bahia, observing the parameters at the national level, led to the conclusion that despite the advances and all the discussion and implementation of legislation and measures for this purpose, the cycle has not yet materialized. It is extremely important to invest in actions to achieve its final stages, namely, the

analyses and meetings to define the evaluation and monitoring indicators for feedback.

Under this aegis, we do not want to create new health indicators, but to update those commonly used in the field of collective health, disaggregated by race/skin color, and promote the comparison of these indicators between different health regions and municipalities. This would validate the actual impact and progress achieved with the implementation of such an important policy in a state whose population is mostly black, victims of social, political and economic inequalities that have planted shame in the history for its atrocities and neglect.

## Collaborations

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Received: February 15, 2016

Approved: May 31, 2017

Published: July 17, 2017