

The Dant Plan and tobacco control in Brazil

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ABSTRACT

In Brazil, the landmark of the social protection system is the Federal Constitution of 1988, which established "Health as a right of all and a duty of the State"; as well as the Unified Health System - SUS, a universal public health policy with doctrinal principles, which began to guarantee universality, equity and integrality in health, to all people living in our country.

Keywords: Smoking control, SUS, Public health.

INTRODUCTION

In Brazil, the landmark of the social protection system is the Federal Constitution of 1988, which established "Health as a right of all and a duty of the State"; as well as the Unified Health System - SUS, a universal public health policy with doctrinal principles, which began to guarantee universality, equity and integrality in health, to all people living in our country.

The SUS is the result of intense social mobilization, which took place in the midst of the process of re-democratization of the State, and gave the State the role of financing and implementing social and health policies, with the responsibility of implanting and implementing a new model for organizing care. This new Public Health Policy, resulting from the Health Reform Movement, is therefore fundamental for the organization of Primary Health Care in Brazil, especially for the implementation of the Family Health Strategy - ESF, which has come to occupy a prominent role on the agenda of the Ministry of Health - MS, giving a new operational, managerial and conceptual approach to health care, requiring the three levels of federation to make an important effort of articulation (MACHADO, BAPTISTA, LIMA, 2014).

It is worth pointing out that the SUS is a successful public policy, but it has several problems that need to be solved, especially the fragmentation of health services, which is influenced by an accelerated demographic transition and an epidemiological situation of a triple burden of disease, with a predominance of chronic conditions, influenced by social and environmental determinants of health and risk behaviors (alcohol, smoking and other drugs, inadequate diet and physical inactivity). Chronic non-communicable diseases are the health problem of greatest magnitude, accounting for 72% of the causes of death and heavily affecting poorer sections of the population and vulnerable groups (BRASIL, 2011).

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With regard to chronic non-communicable diseases, it is known that these cannot be tackled by a fragmented health system, which has historically focused on acute disease situations.

Thus, in an attempt to overcome the disarticulations between services and the fragmentation of health services, Health Care Networks (Redes de Atenção à Saúde - RAS) were created and implemented throughout the country. These are organizational arrangements of different technological densities, which order the flows and counterflows of users, coordinated with Primary Health Care and people, to guarantee greater resolutiveness, communication and the accountability needed to make care a reality (TASCA et al., 2011).

The implementation of Health Care Networks in Brazil is carried out in the form of thematic networks: the Maternal and Child Health Care Network (Rede Cegonha), the Urgency and Emergency Care Network (Rede de Atenção às Urgências e Emergências - RUE), the Care Network for People with Disabilities, the Psychosocial Care Network (Rede de Atenção Psicossocial - RAPS) and the Health Care Network for People with Chronic Diseases.

It should be noted that for the HCN to function properly, it needs to be structured: points of care, at different levels of care; support systems, to provide the necessary dynamics; logistical systems, to ensure operationalization; and governance systems, to organize decision-making (MENDES, 2011).

Mendes (2019) reports that chronic diseases have a strong impact on the population: they have major adverse effects on the quality of life of individuals, cause premature deaths and generate major negative economic effects for families, communities and countries, showing great concern about a vicious cycle between chronic conditions and poverty, where poverty favors the emergence of chronic diseases; while chronic conditions favor the increase of poverty.

According to the author, considering that chronic diseases have become the main priority in the area of health in Brazil, it is important to highlight that smoking has a strong impact on this statistic, being inserted among the top ten risk behaviors that contributed to years of life lost adjusted for disability, in the year 2017, at all ages. In an attempt to reduce this serious public health problem caused by chronic diseases, the Federal Government implemented the Strategic Action Plan for Tackling Chronic Non-Communicable Diseases - NCDs (2011-2022), covering four main diseases (diseases of the circulatory system, cancer, chronic respiratory diseases and diabetes) and their risk factors, including smoking, with the plan's goal being to reduce the prevalence of smoking in Brazil (BRASIL, 2021).

Also, in 2015, Brazil took on the Sustainable Development Goals (SDGs) agenda, focusing on vulnerable populations in eight areas, including improving human health; later, in 2021, the Strategic Action Plan for Tackling Chronic Diseases and Non-Communicable Conditions in Brazil, 2021-2030 (NCD Plan) was launched with the aim of reducing the current situation of chronic non-communicable diseases in the country, which in 2019 were responsible for 54.7% of deaths recorded in the country.



Based on the above, and concerned with tackling Chronic Diseases and Non-Communicable Diseases in Brazil, this article aims to analyze the evolution of the NCD Plan, based on the achievement of the goals established in its Strategic Action Plan.

OBJECTIVE

Analyze the evolution of the Strategic Actions Plan to Combat Chronic Diseases and Non-Communicable Diseases in Brazil, 2021-2030 - NCD Plan - based on the achievement of the goals established in its Strategic Actions Plan.

METHODOLOGY

Bibliographic research was carried out, using documents available on the electronic portals of the Ministry of Health; the Health Surveillance Secretariat of the Department of Health Analysis and Surveillance of Non-Communicable Diseases - The Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil, 2011-2022 and the Strategic Action Plan for Tackling Chronic Diseases and Non-Communicable Diseases in Brazil 2021-2030 - (Dant Plan); the Oswaldo Cruz Foundation - FIOCRUZ; the National Cancer Institute - INCA; the National Health Promotion Policy (PNPS); the Observatory of the National Tobacco Control Policy; the World Health Organization (WHO); the Pan American Health Organization (PAHO); and full articles in the Scielo database (Scientific Electronic Library Online).

The following descriptors were used: "Tobacco", "National Tobacco Control Program", "Chronic Non-Communicable Diseases", and "SUS Budget and Financing".

DEVELOPMENT

The DANT Plan was based on constant monitoring and assessment of the Chronic Non-Communicable Diseases Plan - PDCNT - 2011/2021, which identified whether or not the agreed actions and targets had been achieved. It was drawn up through "long-term planning and revisiting the experience of drawing up the PDCNT, in order to replicate the successful actions and make progress on the essentials for updating and innovating the new proposal", with the participation of the Ministry of Health; of researchers on the various topics proposed; and with the innovative participation of civil society in meetings, workshops and forums, where proposals were captured to create a matrix that gave rise to the Dant Plan - 2022 - 2030 (BRASIL, 2021).

With regard to the risk factor of smoking, which is the scope of our work, the target set in the PDCNT 2011/2021 for a 30% reduction in the prevalence of smokers was achieved in 2019, and with the



prospect of a reduction in the prevalence of this disease, which is one of the main risk factors for CNCs, in the coming years.

However, it is worth mentioning that health funding needs more and more resources and that Constitutional Amendment 95 - EC 95, froze health spending for 20 years and that the health budget needs to be reviewed so that the SUS can really tackle the serious problems caused by NCDs, including reducing the risk factor of smoking.

It is emphasized that the federal health budget between 2013 and 2023 is practically stagnant, growing only 2.5%", and if we disregard the emergency resources with COVID 19, this budget has grown only "1% in the last ten years" (NOBRE and FARIA, 2023).

Finally, the target set for the smoking risk factor in the Dant Plan 2021-2030 is to reduce prevalence by 40%, which is an ambitious target that must be met by 2030.

FINAL CONSIDERATIONS

Brazil has expertise in the area of tobacco control, and is also recognized worldwide for its successful anti-tobacco policy. However, the stagnation of SUS funding may be a problem that needs to be addressed if the Strategic Action Plan for Tackling Chronic Diseases and Non-Communicable Diseases in Brazil 2021-2030 (Dant Plan) is to succeed, and thus achieve the agreed target of reducing smoking prevalence by 40% in the country, enabling Brazil to make further progress in its tobacco control policy, which is an important risk factor for NCDs and global public health.



REFERENCES

- Brazil. Ministry of Health. (2011). Strategic action plan to combat chronic non-communicable diseases (CNCD) in Brazil 2011-2022. Ministry of Health. Secretariat of Health Surveillance Department of Health Analysis and Surveillance of Non-Communicable Diseases. Retrieved March 2, 2023.
- Brazil. Ministry of Health. (2011). Health care coordinated by PHC: Building care networks in the SUS. Ministry of Health. Pan American Health Organization.
- Brazil. Ministry of Health. (2021). Possible epidemiological scenarios for Brazil in 2040. Fundação Oswaldo Cruz (FIOCRUZ). Ministry of Health. Retrieved July 5, 2023.
- Brazil. Ministry of Health. (2021). Strategic action plan to combat chronic and non-communicable diseases in Brazil - 2021-2030 (Dant Plan). Ministry of Health. Department of Health Analysis and Non-Communicable Disease Surveillance. Retrieved March 2, 2023.
- Machado, C. V., Baptista, T. W. F., & Lima, L. D. (2014). Políticas de saúde no Brasil: Continuidades e mudanças. Oswaldo Cruz Foundation. Fiocruz Publishing House.
- Mendes, E. V. (2019). Desafios do SUS. National Council of Health Secretaries (CONASS). Brasília, Brazil.
- Mendes, E. V. (2011). Health care networks. Brasília: Pan American Health Organization.
- Nobre, V., & Faria, V. (2023). The health budget for 2023: What has changed in the last ten years? Institute for Health Policy Studies (IEPS). Technical Note No. 29. Retrieved June 22, 2023, from <https://ieps.org.br/nota-tecnica-29/>
- Tasca, R., Rigoli, F., Kawano, C., Rollo, A., Sotér, A. P., Vilaça, C. L., Vilaça, E., Goulart, F., & Rehem, G. R. (2011). Health care coordinated by PHC: Building care networks in the SUS: Contributions to the debate. Pan American Health Organization.