**Editorial**

**Brazil enters the Bolsonaro zone**

The first day of 2019 saw Brazil inaugurate its new President, Jair Bolsonaro. Having campaigned predominantly on issues of crime, corruption, and fiscal mismanagement, and with a right­leaning track record of expositions on homosexuality, gender, socialism, and the environment, Bolsonaro did little in his inauguration speech to encourage those of us concerned with health and equity. Indeed, his speech was the first since the end of the military dictatorship in 1985 not to mention the need to address poverty and inequality. Many working in the public health field in Brazil are thus extremely worried.

Brazil has come a long way since its relatively recent return to democracy. Life expectancy at birth has risen from 63·5 years in 1985 to 75·5 years in 2016, the infant mortality rate has dropped from 62·9 to 14·6 per 1000 livebirths, and the proportion of those living below the national poverty threshold has decreased from 24·7% in 2001 (the earliest [World](https://data.worldbank.org/country/brazil) [Bank statistics](https://data.worldbank.org/country/brazil) show) to 8·7% in 2015. The country’s enshrinement of health as a fundamental right in its 1988 Constitution, and the ensuing publicly funded Unified Health System (Sistema Único de Saúde [SUS]), put Brazil firmly in the vanguard of the international movement towards universal health coverage. Former President Lula da Silva’s introduction of the conditional cash transfer programme Bolsa Familia in 2003 further consolidated Brazil’s status as a leader in its commitment to equity and social welfare.

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| services, individuals in receipt of Bolsa Familia had significantly increased cure rates and decreased rates of dropout and death.  Yet such progress is already under threat. Under a rapidly deteriorating economic situation post­financial | See **Articles** page e219  For **World Bank statistics on Brazil** see [https://data.](https://data.worldbank.org/country/brazil)  [worldbank.org/country/brazil](https://data.worldbank.org/country/brazil)  For **Brazil’s official infant mortality figures** see <http://datasus.saude.gov.br/> |

Such programmes work, as an Article in this month’s issue shows. Janaina Gomes Nascimento Oliosi and colleagues did a prospective, propensity­score­matched analysis of the effect of the Bolsa Familia programme on the outcomes of tuberculosis treatment across seven cities in Brazil. Tuberculosis is markedly associated with poverty, and Bolsa Familia provides financial aid to all families with a per capita monthly income of US$25·60 or less and to families that include pregnant or lactating women or children aged 17 years or younger who have a per capita monthly income of $25·60–51·20. Payments are conditional on school attendance and vaccination of children. Nascimento Oliosi and colleagues found that, matched one­to­one with individuals with tuberculosis not on the scheme but with similar characteristics in terms of socioeconomic status, health behaviours (eg, smoking), comorbidities, and access to health­care crisis, a Constitutional amendment was passed in 2016 freezing public spending for the next 20 years. Bolsonaro pledged to uphold the amendment in his election campaign. Although no concrete announcements have been made yet regarding health, Bolsonaro’s new Health Minister Luiz Henrique Mandetta said in his swearingin speech that his priority would be reducing expenses. Ominously, this seemed to include reassessing the funds allocated to indigenous populations—he suggested that funding, which is largely administered by nongovernmental organisations, was returning less than expected outcomes. At the same time, he defended Bolsonaro’s campaign pledge to introduce electronic medical records—hardly a low­cost initiative. Finally, and before he even took office, Bolsonaro had succeeded in goading the Cuban Government into recalling more than 8000 of its physicians who were practising in underserved areas of Brazil (including indigenous ones) under the Mais Médicos (More Doctors) programme. Ostensibly because he disagreed with the Cuban administration’s collection of 75% of the physicians’ salaries, and after he made remarks seeming to question the authenticity of their qualifications, the doctors were ordered home in November. Reports from midDecember suggested that up to a third of the vacated posts remained unfilled.

Now is not the time for Brazil to be wavering in its commitment to equality. Already the poverty statistics are beginning to creep up (the 2016 figure showed an increase on 2015), [Ministry of Health figures](http://datasus.saude.gov.br/) show that infant mortality has increased slightly for the first time since 1990, and the rights of minorities are under threat. In times of wider economic uncertainty, the SUS and programmes such as Bolsa Familia should be seen as precious resources in need of nurture, and the needs of the most vulnerable and out­of­reach should remain an utmost priority, regardless of politics.

■ *The Lancet Global Health*

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www.thelancet.com/lancetgh **Vol 7 February 2019 e160**