

# VII Congreso Internacional de Salud Bucal Colectiva

"Retos de la salud bucal en un modelo de atención integral"

Medellín 23 y 24 de agosto

## Taller Pre-Congreso

"Perspectivas teórico-metodológicas para la investigación de la determinación social de la salud y la operacionalización de la categoría clase social. Análisis de caso ENSAB IV"

Medellín 21 y 22 de agosto

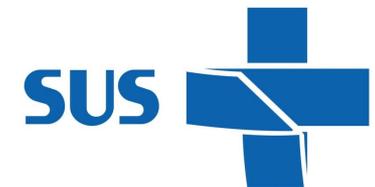
Inscripciones abiertas



Mayores informes: [observatoriosaludbucal@udea.edu.co](mailto:observatoriosaludbucal@udea.edu.co)



**Retos de la salud en un modelo de atención integral:**  
*la experiencia brasileña*





Profesora de la Disciplina de Clínica Ampliada de Promoción de Salud de la Facultad de Odontología (FOUSP) de la Universidad de São Paulo

Investigadora de los Observatorios de Recursos Humanos en Odontología y del Observatorio Iberoamericano de Políticas públicas de Salud Bucal.

Actualmente coordinada grupo de investigación en Formulación de Políticas públicas en salud bucal Informadas por Evidencia Científica de la FOUSP, actuando principalmente en los siguientes temas: investigación cualitativa, Odontología, recursos humanos en salud, políticas públicas informadas por evidencias, Políticas públicas de salud bucal.



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# NUESTRO GRUPO DE INVESTIGACIÓN



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Mestrado  
acadêmico  
Maestría  
académica

Doutorado  
Doctorado

Pós-doutorado  
Postdoctoral

Mestrado  
Multiprofissional

Estágio e cursos  
de extensão (6  
meses)

Especialização  
FFO (a cada 15  
dias por 18 meses)



Doutorado  
nacional/  
internacional  
sanduíche (de 2 a  
9 meses)

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Quero conhecer melhor vocês  
Quiero conocer mejor ustedes



# EL OBJETIVO DE LA CLASE



DISCUTIR SOBRE LA POLÍTICA NACIONAL DE  
SALUD BUCAL (BRASIL SORRIDENTE) Y  
CÓMO LA INSERCIÓN DE LA SALUD BUCAL  
CONTRIBUYÓ A LA ...

**INTEGRALIDAD DEL CUIDADO EN SALUD**

# O SUS E O BRASIL SORRIDENTE



**SUS**



**BRASIL  
SORRIDENTE**

# SUS... EL COMIENZO DE UNA NUEVA HISTORIA



Reforma  
Sanitária



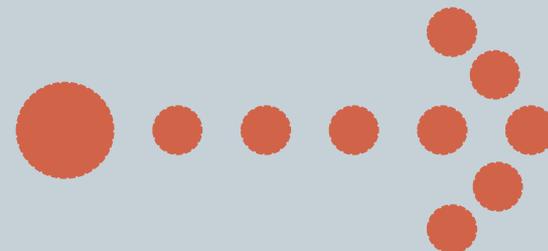
VIII Conferência  
(CNS)



Movimentos sociais  
e fim da ditadura



Princípios doutrinários



Princípios organizacionais

# PRINCÍPIOS DO SUS



## DOUTRINÁRIOS

- UNIVERSALIDADE
- INTEGRALIDADE
- EQUIDADE
  
- UNIVERSALIDAD
- INTEGRIDAD
- EQUIDAD

**ESTRUTURANTES**

## ORGANIZACIONAIS

- DESCENTRALIZAÇÃO
- REGIONALIZAÇÃO
- HIERARQUIZAÇÃO
- INTEGRAÇÃO
- PARTICIPAÇÃO POPULAR
  
- DESCENTRALIZACIÓN
- REGIONALIZACIÓN
- CLASIFICACIÓN
- INTEGRACIÓN
- PARTICIPACIÓN POPULAR

**GESTÃO**

# DÚVIDAS?



# ¿QUÉ ES INTEGRALIDAD?



CHOCOLATE BRASILEÑO

# INTEGRALIDAD



1. **SER HUMANO - SER INTEGRAL**  
(BIOPSIICOSOCIAL)

2. **ACCIONES INTEGRALES**  
(PREVENCIÓN DE LA REHABILITACIÓN)

3. **ACCIONES EN TODOS LOS NIVELES DE COMPLEJIDAD**  
1. (ATENCIÓN BÁSICA A LA ALTA COMPLEJIDAD)

# SALUD BUCAL ES INTEGRALIDAD

Para saber cómo estamos  
y saber qué hacemos



IV Estudio Nacional  
de salud Bucal



MinSalud  
Ministerio de Salud  
y Bienestar Social

PROSPERIDAD  
PARA TODOS

La  
Salud  
Bucal



## Salud Bucal Y tu cuerpo

Cuida tus encías



Evita parto prematuro

Infección dental



Accidente cerebrovascular

Caries



Problemas estético



Bacterias bucales

Afecciones pulmonares



Encías

Enfermedades cardiovasculares



Caries

Enfermedades renales

Alergias en bebés



Uso de chupón y dedo

Encías



Diabetes mellitus II

Infección dental



Problemas respiratorios

La higiene bucal evita otras enfermedades.



SSY  
Servicios de Salud de Yucatán  
Comprometidos con la Bienestar  
2012 - 2018

SALUD  
SECRETARÍA DE SALUD



Día Mundial  
De la Salud Bucal  
20 de Marzo

“Boca Sana, Cuerpo Sano”



# Un poco de historia



Retomada da história...

Construção coletiva de uma proposta para Saúde Bucal:

“Fome zero, boca cheia...de dentes”

Construcción colectiva de una propuesta para la salud bucal:  
"Hambre cero, boca llena de dientes"

2003: saúde bucal passa a ser uma das 4 prioridades de governo

salud bucal pasa a ser una de las 4 prioridades de gobierno

**2004: PNSB – Brasil Sorridente**

# ¿Qué es la prioridad?



## PRIORIDADES

- 1.
- 2.
- 3.



*Agenda* 

# Understanding Policy Developments and Choices Through the “3-i” Framework: Interests, Ideas and Institutions

March 2014

This briefing note belongs to a series on the various models used in political science to represent public policy development processes. Each of these briefing notes begins by describing the analytical framework proposed by a given model. Then we set out to examine questions that public health actors may ask regarding public policy, while keeping in mind the perspective that this model affords. It should be noted that our aim in these notes is not to further refine existing models, nor is it to advocate for the adoption of one of them in particular. Our purpose is rather to suggest how each of these models constitutes a useful interpretive lens that can guide reflection and action leading to the production of healthy public policies.

as by **Institutions** (Hall, 1997; Lavis et al., 2002; Pomey et al., 2010). This framework constitutes a theoretical checklist. In the context of health policy analysis, it is “useful both retrospectively and prospectively, to understand past policy choices, and to plan for future policy implementation” (Wall et al., 2008, p. 308), this statement is equally true of the “3-i” framework when it is applied to the analysis of healthy public policies. In what follows, we will describe the “3-i” framework and provide key references for further reading.

## Interests

The first set of factors we will consider is **interests**, defined as the “agendas of societal groups, elected officials, civil servants, researchers, and policy entrepreneurs” (Pomey et al., 2010, p. 709). This reflects a common assumption about policy developments and choices, that they are being driven by the real or perceived interests of various stakeholders (including those operating inside government), their desire to influence the policy process to achieve their own ends, and the power relationships between stakeholders and governments (Peters, 2002, p. 553).

Interests refer to “agendas of societal groups, elected officials, civil servants, researchers, and policy entrepreneurs” (Pomey et al., 2010, p. 709)

i3g Note  
Briefing note relating to healthy public policy

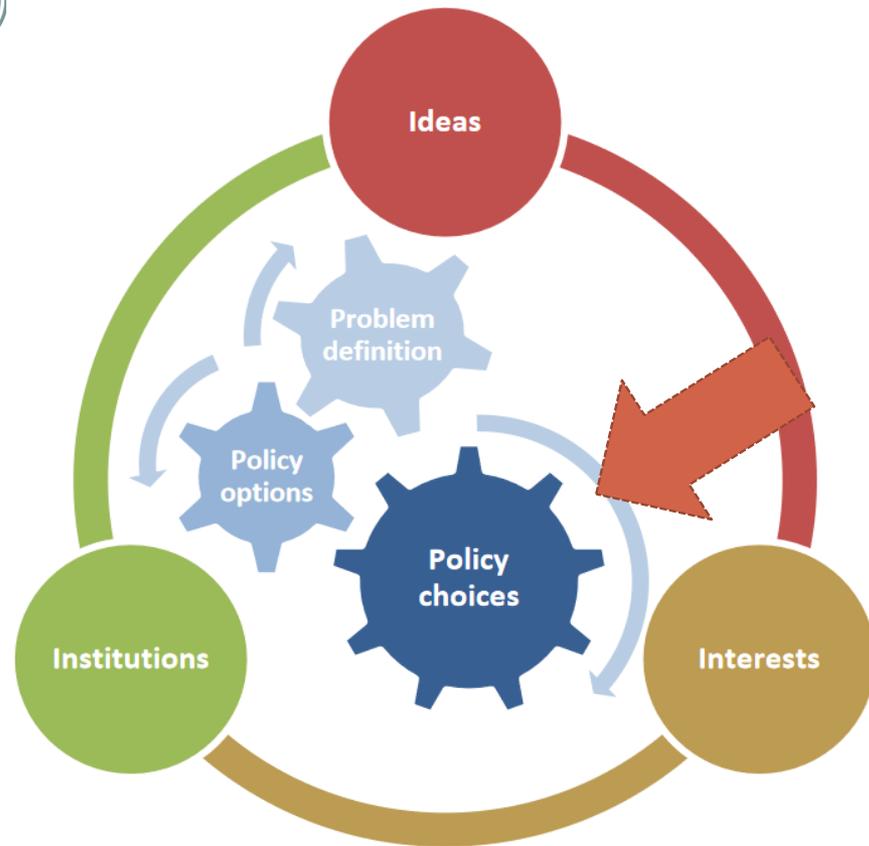
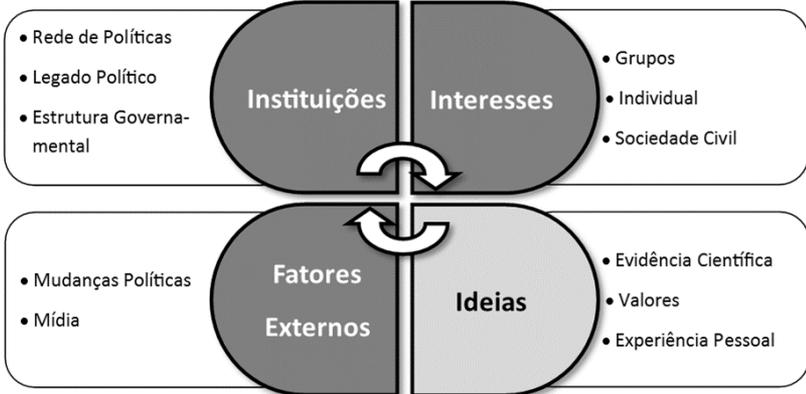
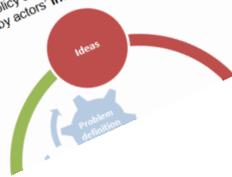


Figure 1 “3-i” framework

# DECISIÓN POLITICA

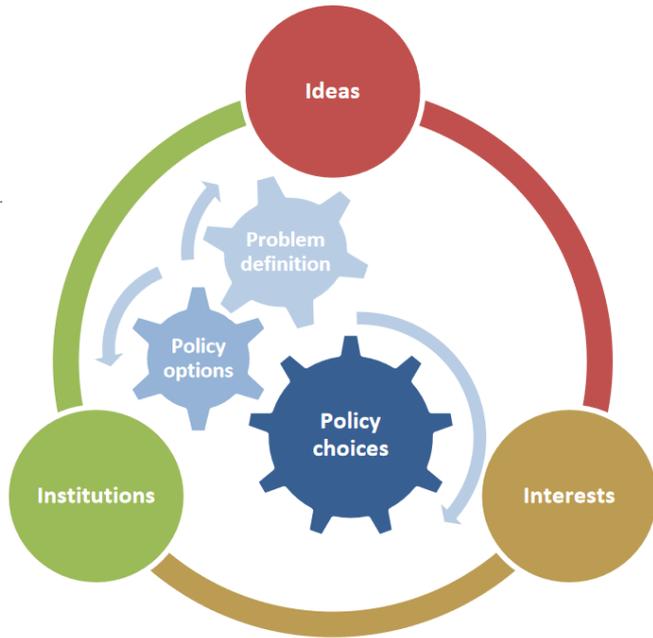


Figure 1 “3-i” framework

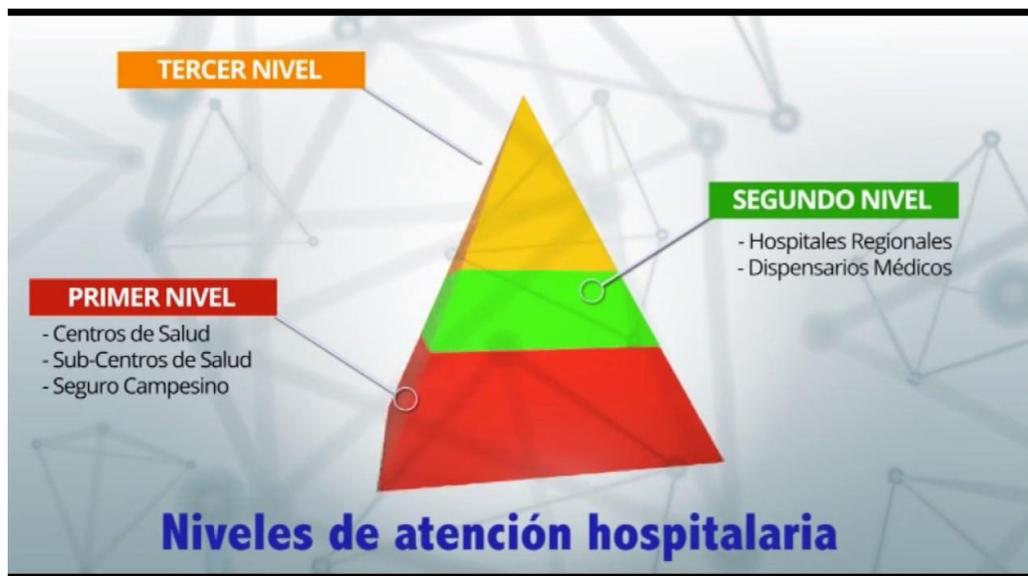
## Incentivo financeiro mensal federal para implantação das eSB nos municípios

	2002	2016
Modalidade I	US\$ 1,515.00	US\$ 4,545.45
Modalidade II	US\$ 1,515.00	US\$ 6,969.70

## Incentivos financeiros federais anuais para custeio mensal das eSB nos municípios

	2002	2016
Modalidade I	US\$ 3,939.40	US\$ 8,109.10
Modalidade II	US\$ 4,848.50	US\$ 10,836.35

# CREACIÓN DE LA RED DE ATENCIÓN DE LA SALUD



Este diseño revela una red de atención a la salud?

# DECISIÓN POLITICA

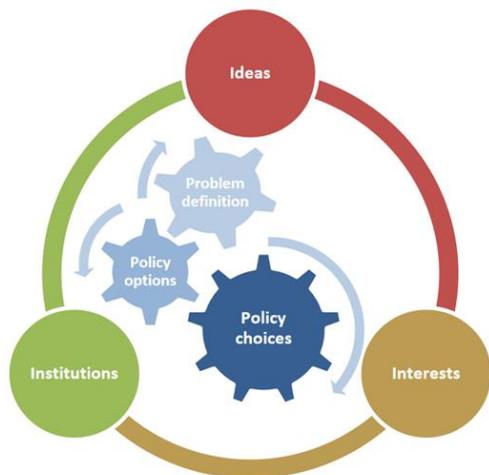
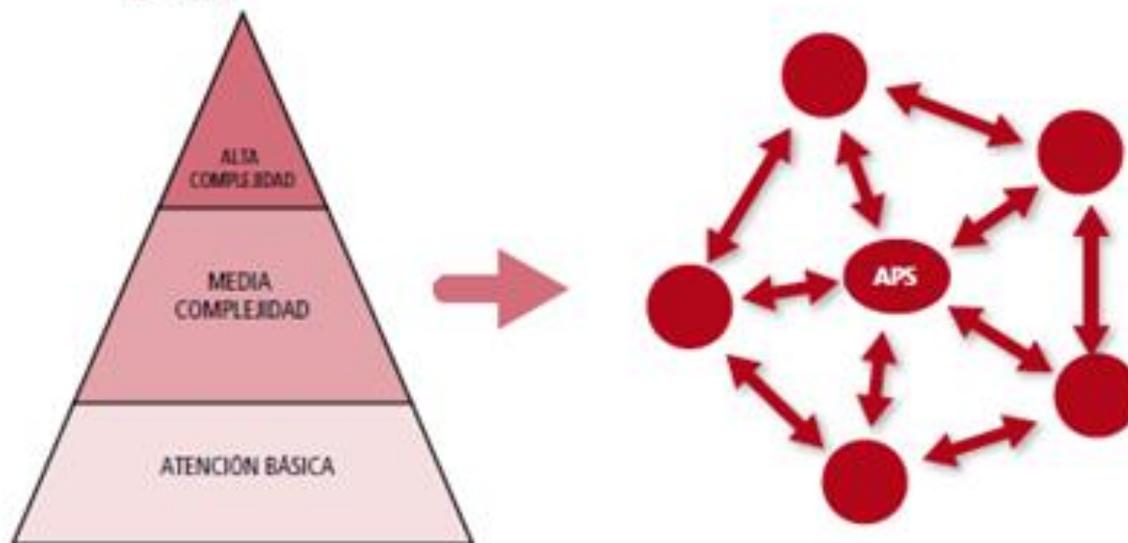


Figure 1 "3-i" framework

Figura 2: El cambio de los sistemas piramidales y jerárquicos para las redes de atención de salud





# Smiling Brazil (“Brasil Sorridente”)

## Secondary Care

Dental Specialty Centers (“CEO”)

(Minimum services: oral diagnosis focusing on detection and diagnosis of oral cancer, specialized periodontics, minor oral surgery of soft and hard tissues, endodontics, special-needs patients care)

Regional  
Dental  
Prosthesis  
Laboratories  
 (“LRPD”)



Mobile Dental Units (“UOM”)



Home Care

## Primary Care

Basic Healthcare Unit  
Family Health Team  
(physician, nurse, nursing assistant or technician, community health workers, dentist, dental assistant and/or oral health technician)  
Responsible for the patient in the network and providing primary healthcare services

## Gradua-CEO

University training



Dental School clinics  
(acting as a Dental Specialty Center, “CEO”)

## Tertiary Care

Hospital In-patient Care  
(Oncologic care, care for patients with diseases of the respiratory and upper digestive tracts of the face and neck, dental procedures in a hospital setting for special-needs patients or those requiring such care)



People’s  
Pharmacy  
of Brazil  
 (“FPB”)



Diagnostic  
Services

# ATENCIÓN PRIMARIA A LA SALUD



# ATENCIÓN PRIMARIA A LA SALUD



PLANIFICACIÓN

ACCIONES INTERSECTORIALES

FOCO EN EL EQUIPO DE SALUD  
DE LA FAMILIA

TRABAJO MULTIDISCIPLINAR

CLINICA AMPLIADA

# CENTROS COLABORADORES COM LAS UNIVERSIDADES



ENCUESTAS  
EPIDEMIOLÓGICAS

EVALUACIÓN DE SERVICIOS  
DE SALUD

MONITORAR MORBIDAD Y  
MORTALIDAD

EVALUACIÓN DE LOS  
RECURSOS HUMANOS EN  
SALUD BUCAL

# ATENCIÓN PRIMARIA A LA SALUD



PROMOCIÓN DE LA SALUD

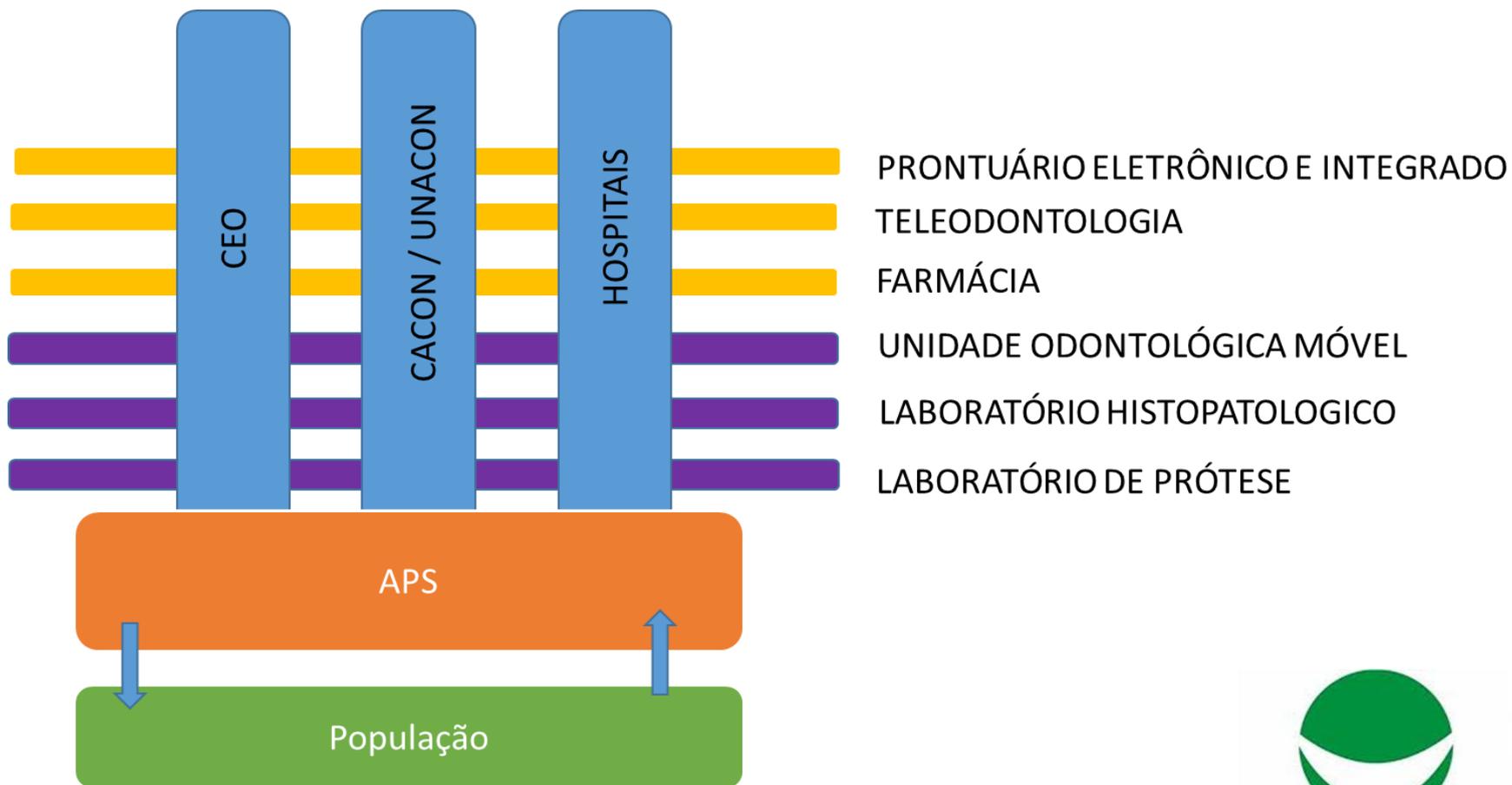
RECURACIÓN DE LA SALUD

PREVENCIÓN Y CONTROL DEL CÁNCER  
DE BOCA

INCREMENTO DE LA URGENCIA  
(SOLUCIONES PARA MEJORA)

INCLUSIÓN DE PROCEDIMIENTOS MÁS  
COMPLEJOS EN LA ATENCIÓN BÁSICA

INCLUSIÓN DE PRÓTESIS EN LA  
ATENCIÓN PRIMARIA



# MODALIDADES

MODO  
1

DENTISTA

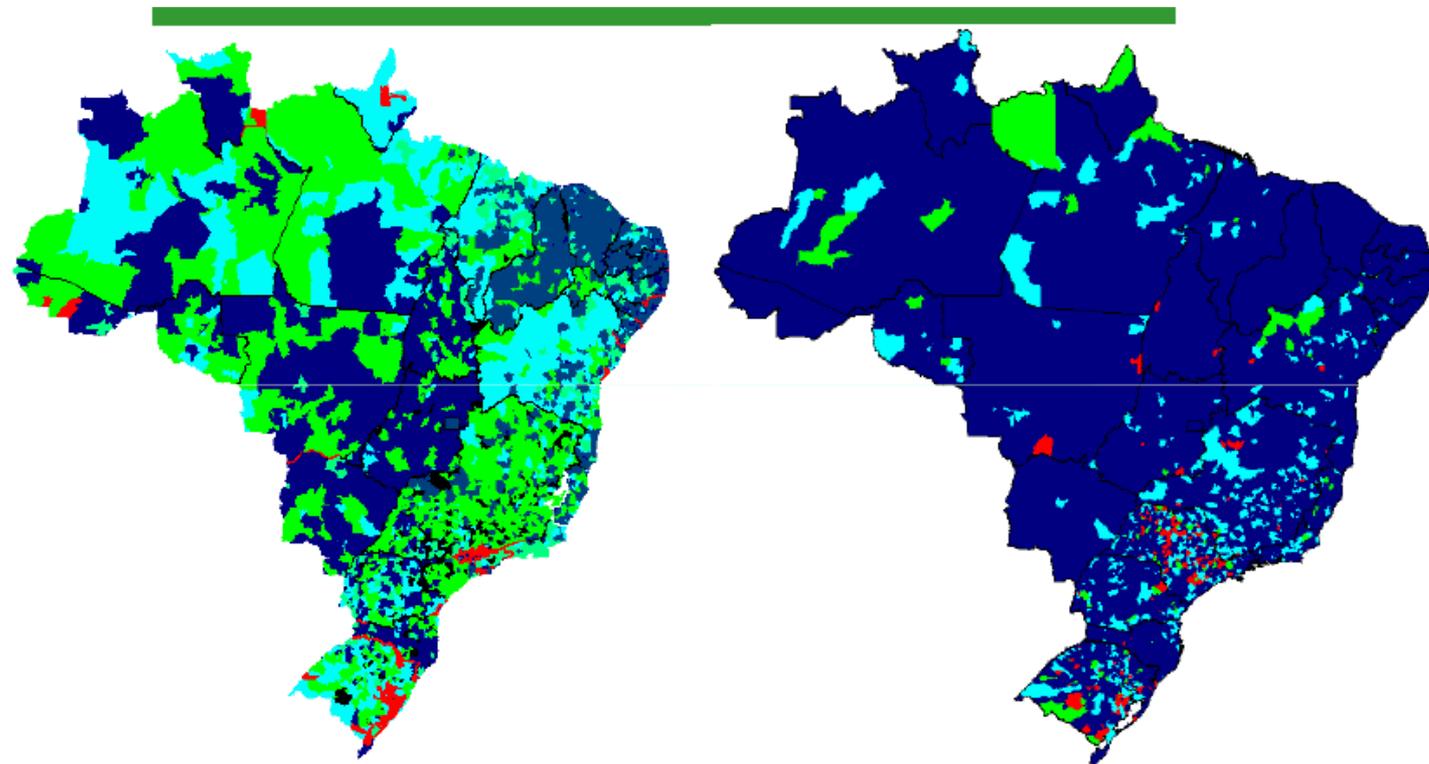
AUXILIAR  
DE SALUD  
BUCAL

MODO  
2

DENTISTA

AUXILIAR  
DE SALUD  
BUCAL

TÉCNICO  
DE SALUD  
BUCAL



- ESF/ACS/SB
- ESF/ACS
- ACS
- SEM ESF, ACS E ESB

Ministério  
da Saúde



Flúor em la água

•8 milhões de pessoas

Unidades móveis

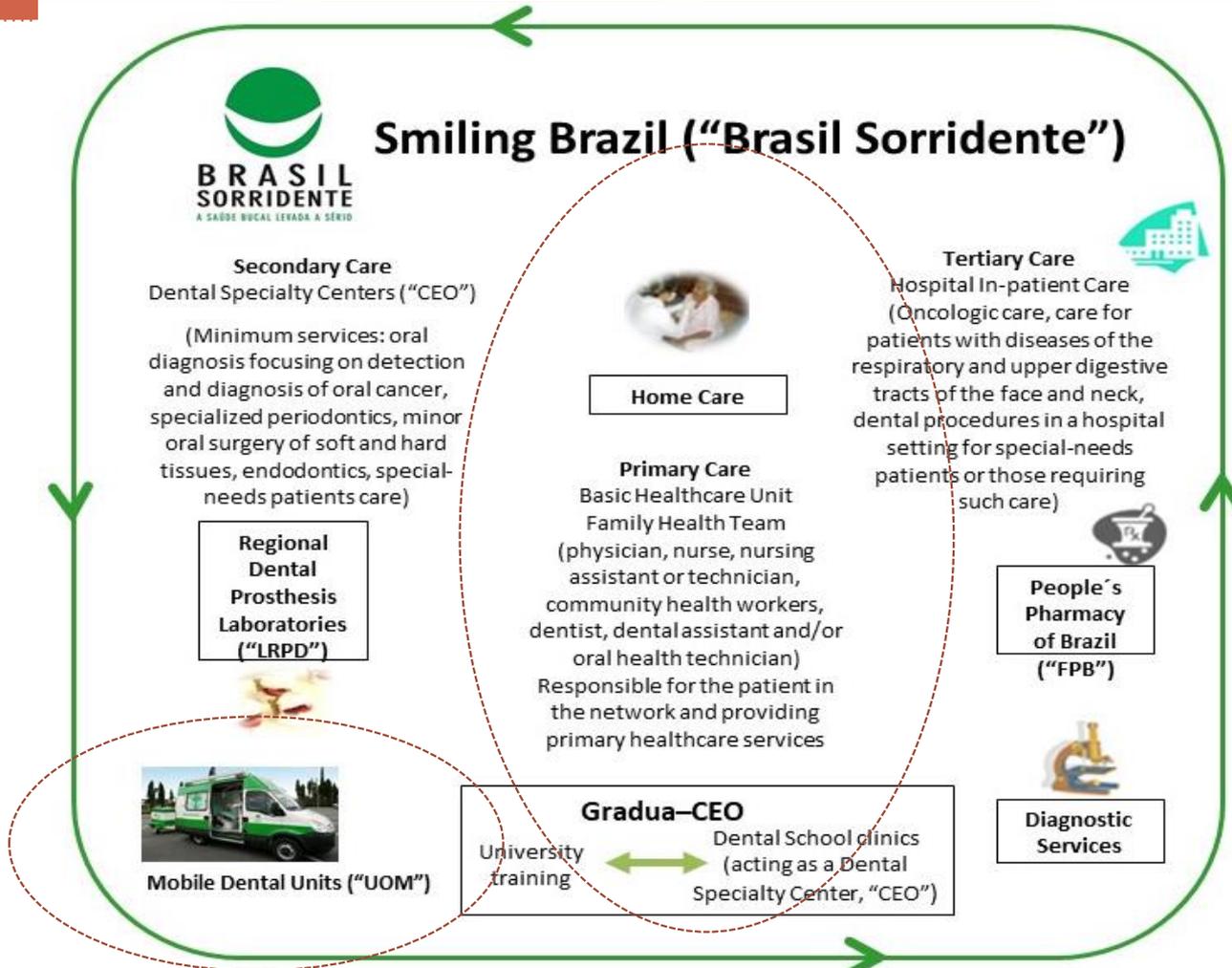
•Difícil acesso

Kits de salud bucal

•42% tem acesso al cepillo de dientes

Programa territórios da cidadania

•Alta vulnerabilidade social



# MEDIA COMPLEJIDAD



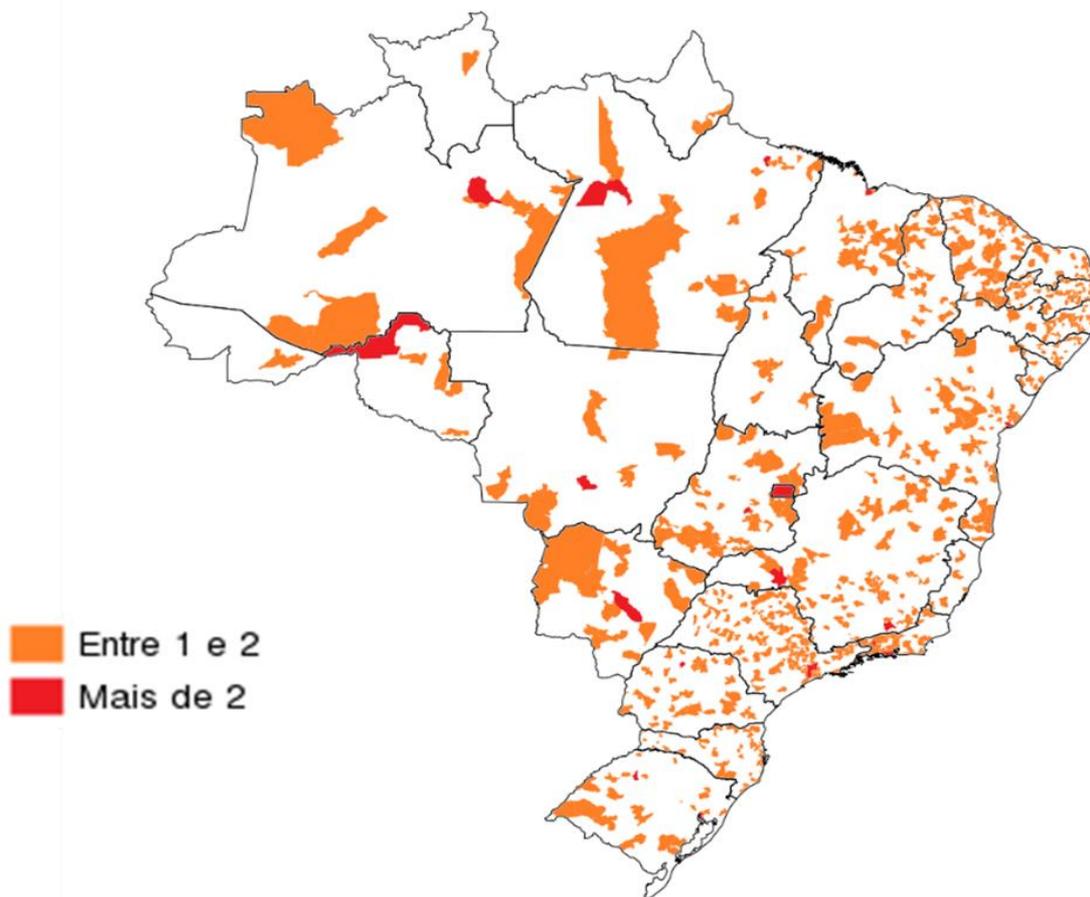


# MEDIA COMPLEJIDAD



CIRUGÍA ORAL MENOR  
ATENCIÓN A PACIENTES CON NECESIDADES ESPECIALES  
DIAGNÓSTICO BUCAL (CÁNCER DE BOCA)  
PERIODONCIA  
ENDODONCIA  
IMPLANTES  
ORTODONCIA

# MEDIA COMPLEJIDAD- 1069 ceos





# Smiling Brazil (“Brasil Sorridente”)

## Secondary Care Dental Specialty Centers (“CEO”)

(Minimum services: oral diagnosis focusing on detection and diagnosis of oral cancer, specialized periodontics, minor oral surgery of soft and hard tissues, endodontics, special-needs patients care)

**Regional  
Dental  
Prosthesis  
Laboratories  
 (“LRPD”)**



Mobile Dental Units (“UOM”)



Home Care

**Primary Care**  
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(physician, nurse, nursing assistant or technician, community health workers, dentist, dental assistant and/or oral health technician)  
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**Tertiary Care**  
Hospital In-patient Care  
(Oncologic care, care for patients with diseases of the respiratory and upper digestive tracts of the face and neck, dental procedures in a hospital setting for special-needs patients or those requiring such care)



**People’s  
Pharmacy  
of Brazil  
 (“FPB”)**



**Diagnostic  
Services**

# ALTA COMPLEJIDAD - SERVICIO TERCIARIO



- INCLUSIÓN DEL DENTISTA EN TODOS LOS CACONS Y UNACONS (CENTROS DE TRATAMIENTO ONCOLÓGICO) - **PROYECTO DE LEY**
- REHABILITACIÓN MAXILOFACIAL COMPLEJADA
- TRATAMIENTO ODONTOLÓGICO AL PACIENTE ONCOLÓGICO- **ODONTOLOGÍA HOSPITALARIA**



# Smiling Brazil ("Brasil Sorridente")

## Secondary Care Dental Specialty Centers

(Minimum services: oral diagnosis focusing on detection and diagnosis of oral cancer, specialized periodontics, oral surgery of soft and hard tissues, endodontics, special-needs patients care)

**Regional Dental Prosthesis Laboratories ("LRPD")**



Mobile Dental Units ("Unidades Móveis")



## Primary Care Healthcare Units

(physicians, nurses, dental assistants, community health agents, dentist, dental assistants, oral health technicians)  
Responsible for providing primary and secondary care services

## Gradua-CEO

Specialty Center, "CEO"

## Tertiary Care

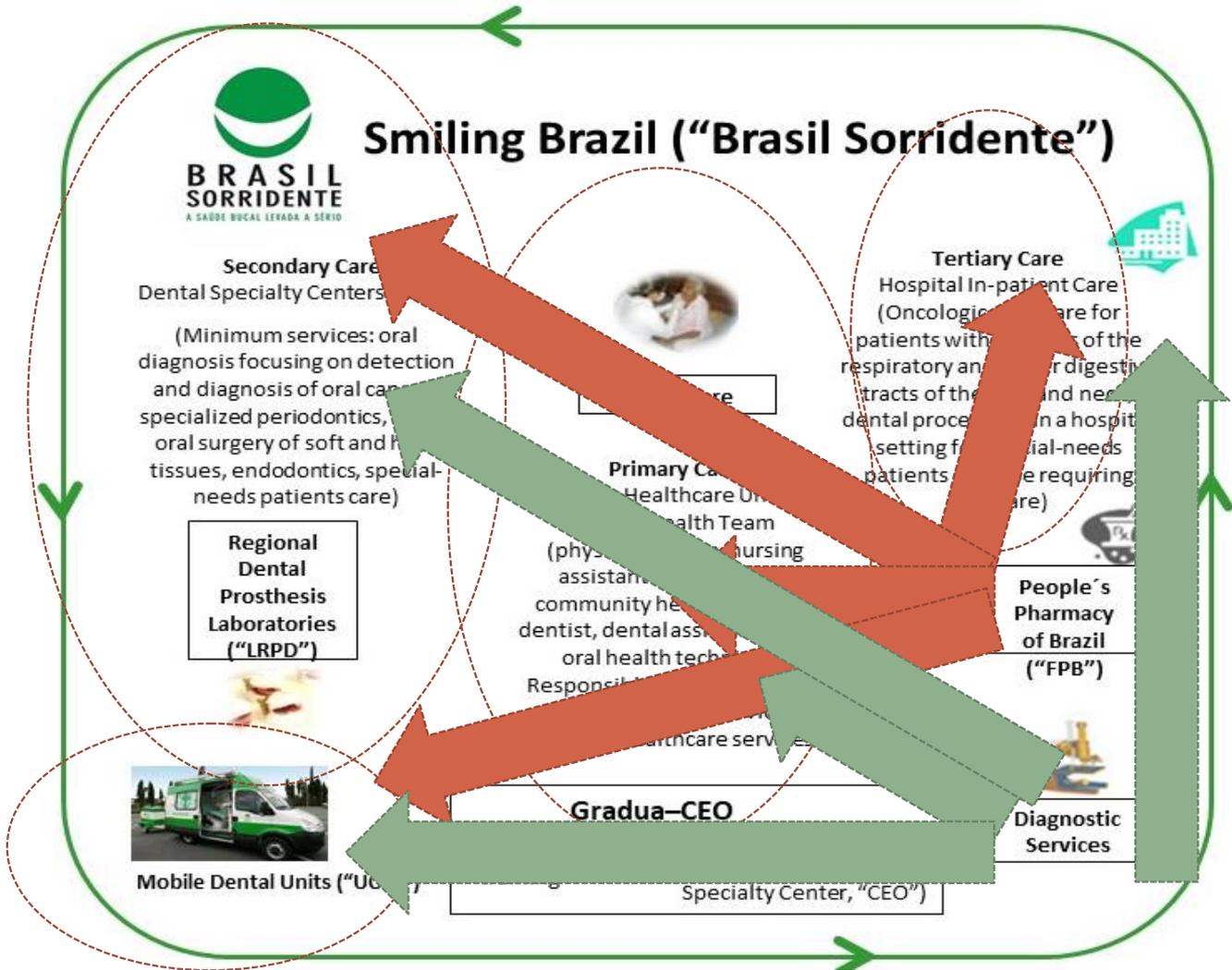
### Hospital In-patient Care

(Oncologic care for patients with oral cancer, respiratory and digestive tracts of the head and neck, dental procedures in a hospital setting for special-needs patients requiring hospital care)



**People's Pharmacy of Brazil ("FPB")**

**Diagnostic Services**



# GraduaCEO



## CREDENCIA LAS CLINICAS DE ENSINO DE LAS UNIVERSIDADES DENTRO DEL SISTEMA DE SALUD- INTEGRANDO LA RED DE LAS UNIVERSIDADES AL SUS





# Evaluación de la política pública en salud bucal “Brasil Sorridente”



Discovery!

## Ten Years of a National Oral Health Policy in Brazil: Innovation, Boldness, and Numerous Challenges

G.A. Puca Jr.<sup>1,2</sup>, M. Gabriel<sup>1,4</sup>, M.E. de Araujo<sup>4,5</sup>,  
and F.C.S. de Almeida<sup>4,6</sup>

Journal of Dental Research  
2015, 94(10): 1233-1237  
© International & American Associations  
for Dental Research 2015  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/0022041515599978  
jdr.sagepub.com

### Abstract

Brazil is the only country in the world to propose a universal health care system with the aim of guaranteeing delivery of all levels of health care, free of charge, to a population of over 200 million inhabitants by means of a unified health system ("Sistema Único de Saúde" [SUS]). The national policy of oral health, also known as Smiling Brazil ("Brasil Sorridente"), was implemented in 2004. Oral health was designated as 1 of the 4 priority areas of the SUS, transforming oral health care in Brazil, with the objective that the SUS achieve the integrality of care envisaged at its creation. The aim of this article is to share part of this experience in order to prompt reflection about the inclusion of oral health care in other health care systems around the world. The most significant results of Smiling Brazil can be seen in 3 areas: 1) oral health epidemiological indicators; 2) financial investment and professional development; and 3) the building of an oral health care network throughout the 10 y of the policy. The "Discovery" article presented here portrays 10 y of evolution; however, it is important to point out that this is a process undergoing construction and that the oral health care network needs to be

# Evaluación



1. Ampliación de la atención básica a partir de la Estrategia Salud de la Familia,
2. Viabilidad de la adición de flúor en las aguas de abastecimiento público
3. acceso a tratamientos especializados, a través de Centros de Especialidades Odontológicas.
4. Evidencia de la mejora de acceso y reducción de indicadores de problemas odontológicos - SB2010



Idade Índice	Situação	2003	2010
5 anos	H	16,05	16,3
	C	2,3	1,95
	O/C	0,06	0,08
	O	0,36	0,33
	P	0,08	0,06
	<b>CEO-D</b>	<b>2,80</b>	<b>2,43</b>
	<b>CEO = 0</b>	<b>40,6%</b>	<b>46,6%</b>
12 anos	H	22,7	23,18
	C	1,62	1,12
	O/C	0,07	0,09
	O	0,91	0,73
	P	0,18	0,12
	<b>CPO-D</b>	<b>2,78</b>	<b>2,07</b>
	<b>CPO = 0</b>	<b>31,08%</b>	<b>43,5%</b>

	Situação	2003	2010
<b>15-19 anos</b>	<b>H</b>	<b>22,24</b>	<b>24,09</b>
	C	2,60	1,52
	O/C	0,19	0,18
	O	2,49	2,16
	P	0,89	0,38
	<b>CPO-D</b>	<b>6,17</b>	<b>4,25</b>
	<b>CPO = 0</b>	<b>11,06%</b>	<b>23,9%</b>
<b>35-44 anos</b>	H	10,85	13,53
	C	2,33	1,48
	O/C	0,35	0,46
	O	4,22	7,33
	P	13,23	7,48
	<b>CPO-D</b>	<b>20,13</b>	<b>16,75</b>
	<b>CPO = 0</b>	<b>0,52%</b>	<b>0,9%</b>
<b>65-74 anos</b>	H	3,4	3,6
	C	1,17	0,52
	O/C	0,06	0,10
	O	0,73	1,62
	P	25,83	25,29
	<b>CPO-D</b>	<b>27,79</b>	<b>27,53</b>
	<b>CPO = 0</b>	<b>0,52%</b>	<b>0,2%</b>



Cariados + Perdidos + Obturados

**12 anos- média 2,07**

15 à 19 anos- média 4,25

35 à 44 anos- média 16,75

65 à 74 anos- 27,53 (92% é de dentes PERDIDOS)

Acúmulo de necessidades nos adultos e idosos e crianças necessitando de medidas curativas, mas acima de tudo promotoras de saúde



Cariados + Perdidos + Obturados- CPOD

15 à 19 anos- média **3,57 (SP)** 4,25 (BR)

35 à 44 anos- média **15,84 (SP)** 16,75 (BR)

65 à 74 anos- **28,22 (SP)** 27,53 (BR)

# SITUACIÓN DE SALUD BUCAL- 2010



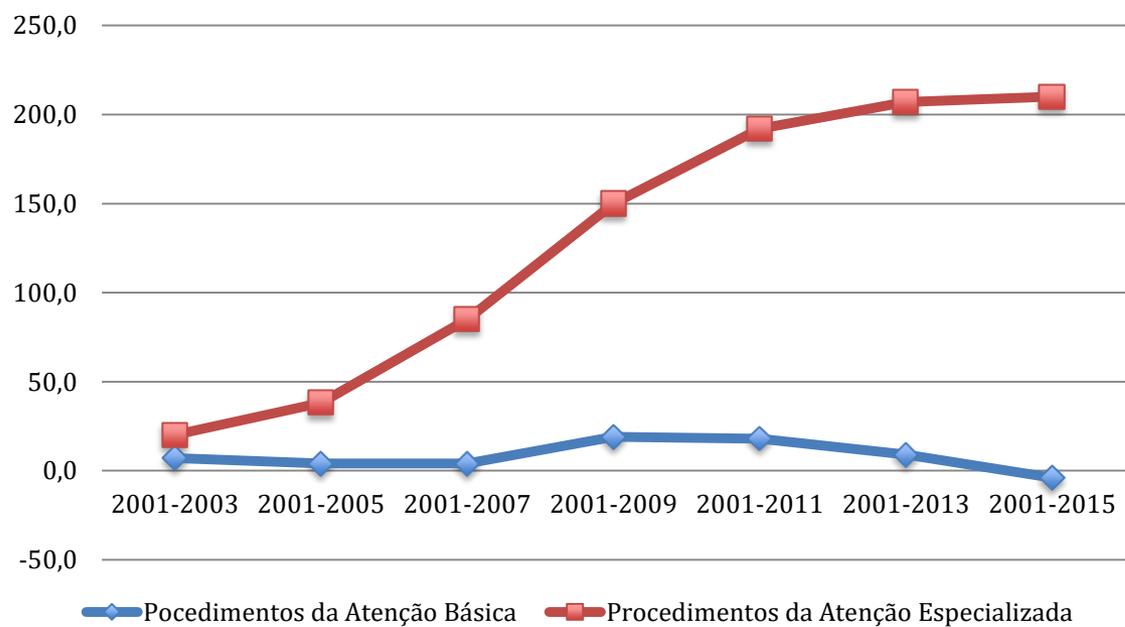
## PERDA DE DENTES

MÁS DEL 28% DE  
LOS ADULTOS NO  
TIENEN Dientes  
FUNCIONALES EN EL  
MENOS UNA DE ARCADAS

## PERDA DE DENTES

TRES A CADA CUATRO  
MAYORES (75%) NO  
TIENEN NINGÚN DENTE  
FUNCIONAL

Figura 2: Evolução percentual dos procedimentos de atenção básica e atenção especializada no SUS, 2001 a 2015.

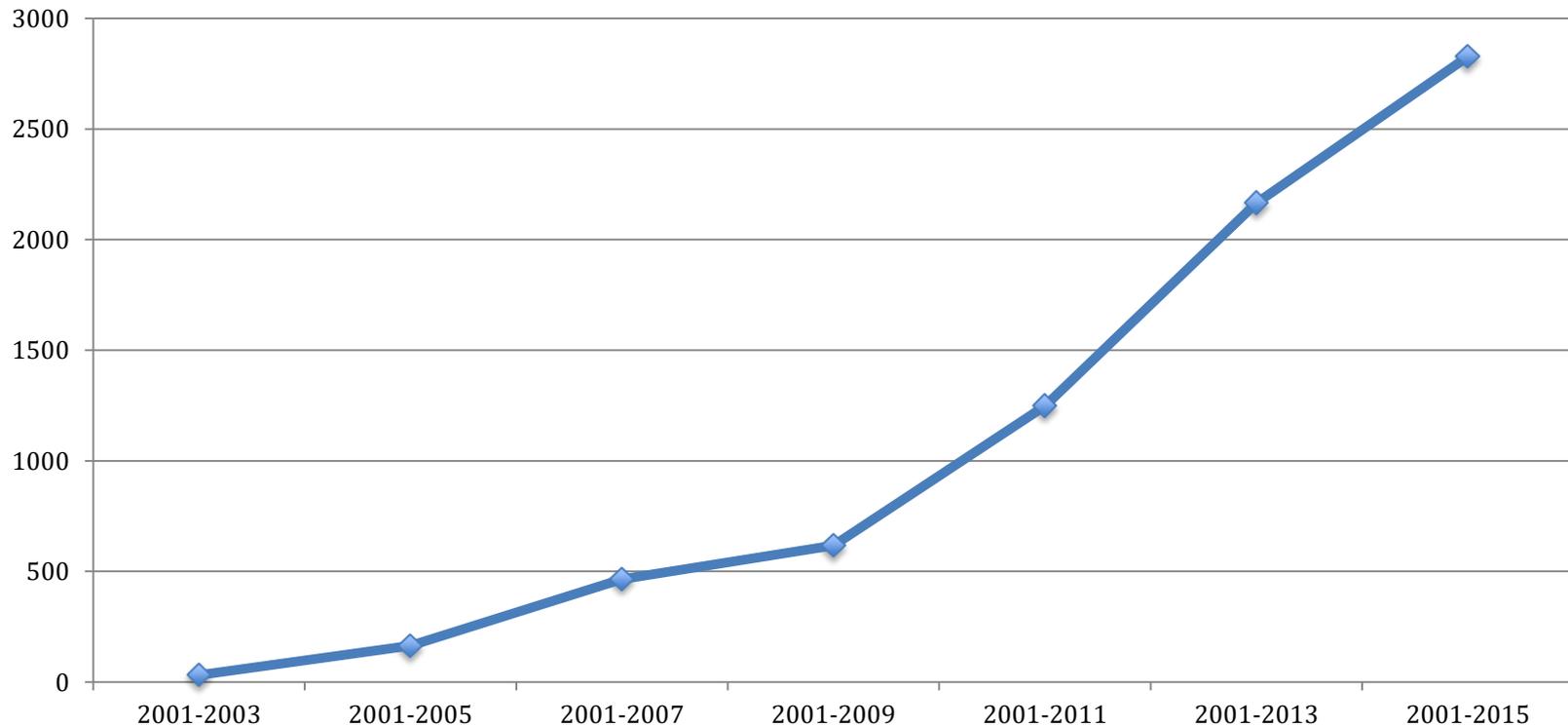


# Relación entre dientes extraídos y Restaurados + endodontia + periodontia

Period	APS Procedures	DSC Procedures	Percentage change offer of prosthesis	Relationship between exodontia / restored teeth + endodontia + periodontia
2001-2003	6,4	21,6	24	-9,48
2001-2005	6,3	42,0	166	-18,4
2001-2007	15,0	95,9	532	-32,62
2001-2009	32,9	165,8	738	-34,48
2001-2011	33,7	226,4	1512	-32,8
2001-2013	22,5	242,6	2600	-42,54
2001-2015	7,9	221,2	3389	-44,33

# PRÓTESIS DENTALES REALIZADAS POR EL SUS

## Percentual de variação da oferta de próteses dentárias



# Brasil Sorridente



## Está bajo ataque del neoliberalismo- 2016

### Brazil's health catastrophe in the making

Brazil's political and economic crises are diverting attention from the resumption of a neoliberal model of health care by its government. Here we briefly summarise the health reforms and their likely long-term implications.

Programme for the Strengthening of Family Agriculture (PNAF) which involves functional rural education, water job creation, and was one of the forces behind Brazil's recent World Food Programme (PMA) hunger map, has now been compromised.<sup>3</sup> The PMA Programme (Programa de Alimentação em Família) bringing access to safe drinking water, sanitation, and hygiene—expansion of the programme, among other things, is being undermined and

of cancer. The gap between the UK and USA, and the need for more research without this to compare national rates of cancer

at public opinion organisations publish their philanthropic Wellcome funders, such as the Wellcome Trust, Institutes of Health, and the Gates Foundation, actively link the research to their

hosted by the Wellcome Trust, UK), their views—management—pension of funds, among other things, is being undermined and

- 3 Head MG, Fitchett JR, Cooke MK, Wunie FB, Hayward AC, Atun R. UK investments in global infectious disease research 1997–2010: a case study. *Lancet Infect Dis* 2013; **13**: 55–64.
- 4 Teperek M. In conversation with Wellcome Trust and Cancer Research UK. Feb 5, 2016. <https://unlockingresearch.blog.lib.cam.ac.uk/?p=528> (accessed March 11, 2016).
- 5 Teperek M. Charities' perspective on research data management and sharing. Feb 5, 2016. <https://unlockingresearch.blog.lib.cam.ac.uk/?p=525> (accessed March 11, 2016).

### Austerity threatens universal health coverage in Brazil

Michael Temer, Brazil's new interim president from the centre-right Brazilian Democratic Movement Party (PMDB), has unveiled an agenda of austerity measures to stimulate economic growth. In the manifesto *Uma Ponte Para Futuro* (October, 2015), he announced plans to reduce public spending, including the education and health-care sector. The minimum budget guaranteed by the constitution (3.8% of gross

in the country's more physicians (Mais Médicos) programme,<sup>3</sup> which was introduced in 2013 by Dilma Rousseff's Government in response to protests across the country by people demanding better access to physicians. Participation of foreign physicians in Brazil, mainly Cubans, has benefited the 63 million Brazilians living in remote and vulnerable areas, which previously had shortages of health professionals. In a country where about 80% of the population relies exclusively on SUS, such policies might cause widespread negative consequences. In the midst of severe economic crisis, with the unemployment rate at over 11% and gross domestic product having fallen by 5.4% from the preceding year, more people will be unable to pay for private health care and more will be dependent on the increasingly stressed public system. As a result, the great achievements of the past 10 years (increased coverage of universal health care, decreased infant mortality, and reduced mortality from chronic illnesses)<sup>4</sup> are likely to be reversed.

Most members of congress

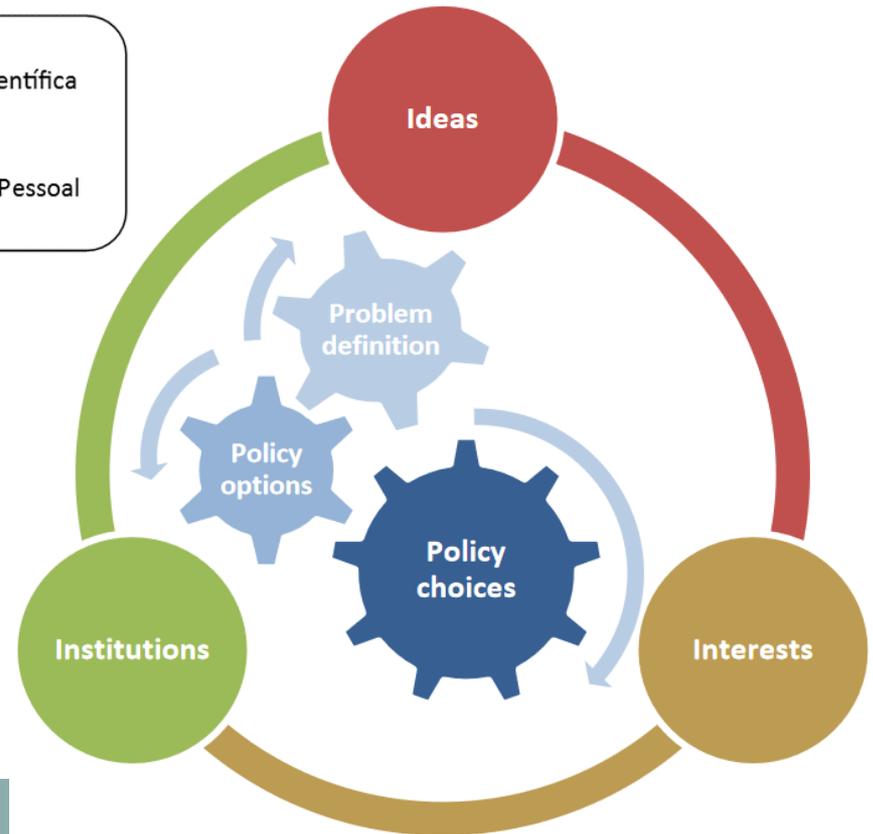
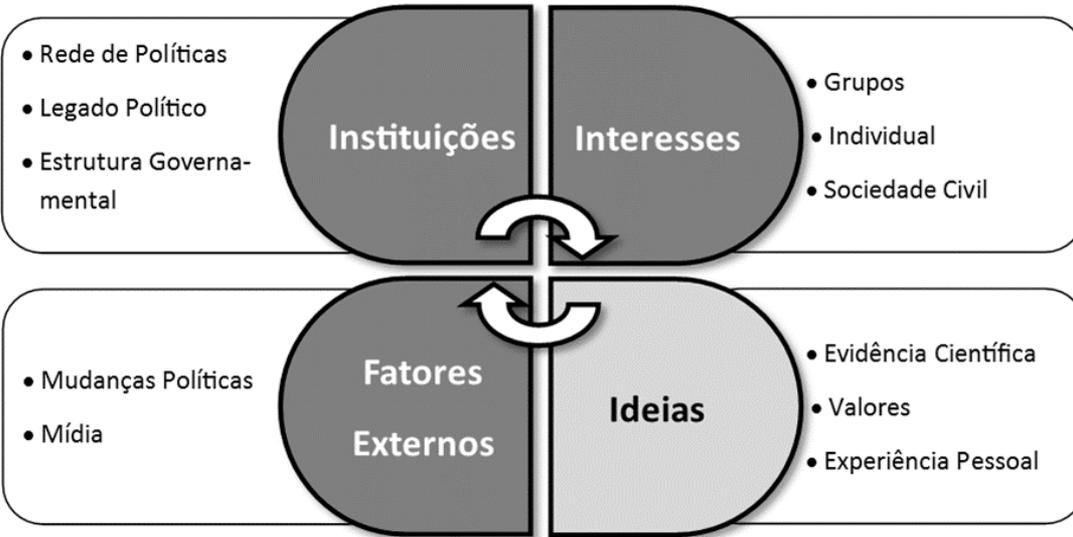
For more on principles of data policy see <http://www.rcuk.ac.uk/research/datapolicy/>



For the manifesto see [http://pmdb.org.br/wp-content/uploads/2015/10/RELEASE-TEMER\\_A4-28.10.15-Online.pdf](http://pmdb.org.br/wp-content/uploads/2015/10/RELEASE-TEMER_A4-28.10.15-Online.pdf)

For more on the economic crisis and health care in Brazil see *Word Report* *Lancet* 2016; **387**: 1603–04

# las ideas han cambiado y los intereses son otros y el futuro?



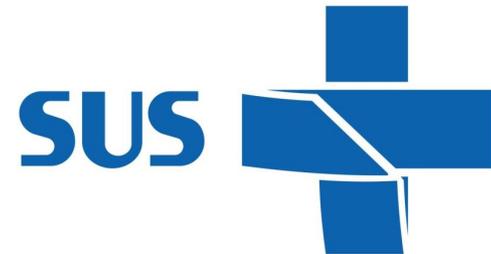
# ¿QUÉ SABEMOS?



Brasil Sorridente es una de las mayores políticas públicas de salud bucal del mundo

una gran conquista de los brasileños

puede ser ejemplo para otros países y sistemas de salud

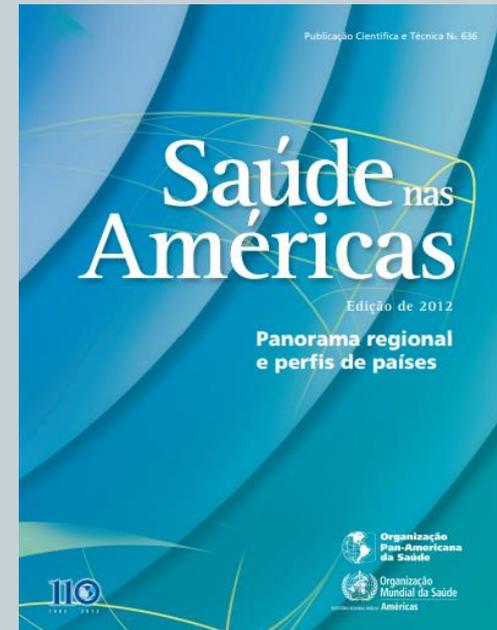


en 10 años presentó un impacto positivo en el acceso de la población a los servicios de salud bucal, en la calidad de los servicios, en los indicadores de salud bucal, en la fluoración de las aguas

# INTRODUÇÃO



- La OMS en 2012, lanzó una serie llamada "Salud en las Américas", que retrata un poco sobre los sistemas de salud de todos los países americanos, sin embargo, **no hay mucha información sobre datos de salud bucal**, ni tampoco, sobre las políticas públicas de salud bucal de esas naciones



<https://www.paho.org/salud-en-las-americas-2012/index.php?lang=pt>

# Esta pasión que sentimos por Brasil Sorridente y por el SUS + falta de datos sobre la salud bucal de las Américas

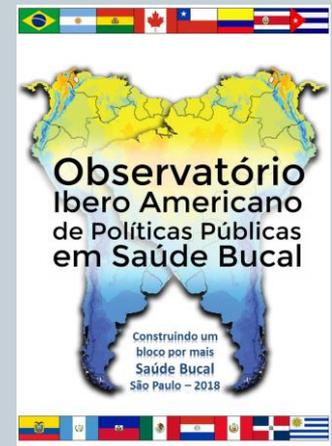
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# Observatório Iberoamericano de Políticas Públicas em Saúde Bucal

- It was created on December 2016
- 16 countries involved
- Objetivo: establishment of a researchers group from Latin America, Central America and Spain, dedicated to the study of public policies on oral health, in their countries and outside them.
- Our products:
  1. Bilingual book
  2. Book with Brazilian Experiences on SUS
  3. Special Issue- ***Universitas Odontologica***
  4. Qualitative research – stakeholders
  5. Quantitative Research- Big Data + Epidemiological Surveys





1. Es posible esta aspiración en estos modelos de salud basados en la economía de mercado?
2. ¿Es una utopía?
3. ¿Qué nos corresponde hacer a los diferentes actores para alcanzarla?

Gracias  
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**THANK YOU**

GRACIAS, ARIGATO, SHUKURIA, GOZAIMASHITA, EFCHARISTO, JUSPAXAR, DANKSCHEEN, TASHAKKUR ATU, YAQHANYELAY, SUKSAMA, EKHMET, BIYAN, SHUKRIA, MERBANI, PALDIES, BOLZIN, MERCI, MAAKE, GRAZIE, MEHRBANI, TINGKI, SPASSIBO, SNACHALHYVA, NUHUN, CHALTU, WADEEJA, MAITEKA, HUI, YUSPAGARATAM, DHANYADAAD, AINHA, ATTO, HATUR, GUI, UNALCHEESH, SPASIBO, DENKAUJA, NENACHALHYVA, EKOJU, SIKOMO, MAKETAJ, MINMONCHAR, FAKAAUE, AGUYJE, MERASTAWHY, SAIKO, GAEJTHO, LAH, KOMAPSUMNIDA, TAVTAPUCH, MEDAWASSE, BAIKA, UNALCHEESH, HATUR, GUI, EKOJU, SIKOMO, MAKETAJ, MINMONCHAR.