Cadernos Ibero-Americanos de Direito Sanitário
Cuadernos Iberoamericanos de Derecho Sanitario

ISSN: 2358-1824

Article

The right to health of the quilombola population: between vulnerability and problematization

Direito à saúde da população quilombola: entre vulnerabilidade e problematização

El derecho a la salud de la población quilombola: entre la vulnerabilidad y la problematización

José Eduardo Ferreira Dantas[1]
Universidade Federal de Alagoas, Maceió, AL.
https://orcid.org/0000-0001-7429-2227
joseeduardoenf@gmail.com

Luzia Karoline Teixeira Leite[2]
Universidade Federal de Alagoas, Arapiraca, AL.
https://orcid.org/0000-0003-0296-7226
karolineleite20k@gmail.com

Jarbas Ribeiro de Oliveira[3]
Universidade Federal de Alagoas, Arapiraca, AL.
https://orcid.org/0000-0001-8519-2432
jarbas.oliveira@arapiraca.ufal.br

Submitted on: 02/28/25
Revision on: 04/03/25
Approved on: 04/17/25

Abstract

Objective: to report on the contributions of a university extension program to strengthening the understanding of the right to health among a remaining quilombola population located in semi-arid countryside Alagoas. **Methodology:** this is a descriptive study, with a qualitative approach, of the experience report type, about an extension action on the right to health of the quilombola population conducted in a multidisciplinary manner by the Right to Health and Unified Health System Extension Project, of the Federal University of Alagoas, Arapiraca Campus. **Results:** a workshop was held with the participants using problematization dynamics, based on Popular Health Education built on the assumptions of Paulo Freire's pedagogy. The action promoted the empowerment of the participants through the collective construction of notions about the right to health, bringing them closer to social control in health and the municipal/local health councils. In addition, the academics, in their role as facilitators, pointed out the institutional paths that users could follow to ensure that their right to health was realized. **Conclusion:** actions such as the one carried out are important tools in democratizing access to health, as they provide users with tools to safely and effectively claim their rights.

Keywords: Black People; Quilombola Communities; Health of Ethnic Minorities; Right to Health.

---

[1] Master's student in Nursing, Universidade Federal de Alagoas, Maceió, AL, Brazil. Nurse, Universidade Federal de Alagoas, Maceió, AL, Brazil.
[2] Nursing undergraduate student, Universidade Federal de Alagoas, Arapiraca, AL, Brazil.
[3] Ph.D in Public Health, Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro, RJ, Brazil. Adjunct Professor, Universidade Federal de Alagoas, Arapiraca, AL, Brazil.

https://doi.org/10.17566/ciads.v14i2.1351

Resumo

Objetivo: relatar as contribuições de uma ação de extensão universitária para o fortalecimento da compreensão do direito à saúde entre uma população remanescente quilombola situada no agreste alagoano. **Metodologia:** trata-se de um estudo descritivo, de abordagem qualitativa, do tipo relato de experiência, acerca de uma ação extensionista sobre o direito à saúde da população quilombola conduzida de maneira multidisciplinar pelo Projeto de Extensão Direito à Saúde e ao Sistema Único de Saúde, da Universidade Federal de Alagoas, Campus Arapiraca. **Resultados:** através de uma dinâmica de problematização, fundamentada na Educação Popular em Saúde construída a partir dos pressupostos da pedagogia de Paulo Freire, se desenrolou uma oficina com os participantes. A ação promoveu o empoderamento dos participantes por meio da construção coletiva de noções sobre o direito à saúde, aproximando-os do controle social em saúde e dos conselhos municipal/local de saúde. Além disso, os acadêmicos, no papel de facilitadores, apontaram os caminhos institucionais que os usuários poderiam seguir em rumo a garantia da efetivação do seu direito à saúde. **Conclusão:** ações como a que foi realizada consistem em importantes ferramentas na democratização do acesso à saúde por munir os usuários de ferramentas que possibilitem a reivindicação por seus direitos de forma segura e efetiva.

Palavras-chave: População Negra; Quilombolas; Saúde das Minorias Étnicas; Direito à Saúde.

Resumen

Objetivo: relatar las contribuciones de un programa de extensión universitaria para el fortalecimiento de la comprensión del derecho a la salud entre una población quilombola remanente localizada en el agreste Alagoas. **Metodología:** se trata de un estudio descriptivo, con abordaje cualitativo, del tipo informe de experiencia, sobre un programa de extensión sobre el derecho a la salud de la población quilombola conducido de forma multidisciplinar por el Proyecto Derecho a la Salud y Extensión del Sistema Único de Salud, de la Universidad Federal de Alagoas, Campus de Arapiraca. **Resultados:** se realizó un taller con los participantes utilizando dinámicas de problematización, basadas en la Educación Popular en Salud construida a partir de los presupuestos de la pedagogía de Paulo Freire. La acción promovió el empoderamiento de los participantes a través de la construcción colectiva de nociones sobre el derecho a la salud, acercándolos al control social en salud y a los consejos municipales/locales de salud. Además, los académicos, como facilitadores, señalaron los caminos institucionales que los usuarios podrían seguir para garantizar la realización de su derecho a la salud. **Conclusión:** acciones como la realizada son herramientas importantes en la democratización del acceso a la salud, ya que proporcionan a los usuarios herramientas para reclamar sus derechos de forma segura y efectiva.

Palabras clave: Población Negra; Quilombola; Salud de las Minorías Étnicas; Derecho a la Salud.

Introduction

During the colonial period, the slave production model prevailed in Brazil, at which time part of the African population was brought to the country as slaves, predominantly to perform domestic and agricultural duties. However, these individuals did not remain static in the face of the aggressions they suffered and fought for their own liberation, which resulted in various revolts and escapes that, when successful, enabled them to become free. These subjects, now free, were unable to fit into the society of the time, because the color of their skin, very different from that of the colonizers, denounced them as possible slaves.

As a result, these people began to gather in places that were geographically isolated from urban centers as a way of preventing themselves from being recaptured by their tormentors, which gave rise to the *quilombos*, a term that comes from the Kimbundu language, meaning camp/resting place. These places became favorable environments for the development of their own culture, with the strengthening of African culture and the development of Afro-Brazilian culture. Important marks of these communities are: their close relationship with nature, valuing a harmonious coexistence with the land, and their traditional health care practices (1,2).

With the legislative end of slavery, brought about by the Aurea Law(3) the lives of these people did not change in any significant way, because the state did not draw up public policies that would enable black people to be included in society in an appropriate way, and they were left feeling subordinate. The quilombola population is no longer a victim of persecution in the sense of direct extermination, but is now affected by other forms of persecution and control, such as the denial of their right to land, which has led to land insecurity that continues to this day, affecting quilombola subjects across the board(4).

It is common to associate the black population with the quilombola population in discussions about health(5) understanding that some of these people's affections are similar due to their common Afro-descent. However, there are distinctions related to the historical paths to which these citizens have been subjected, as well as the processes of constructing their identities, such as the social determinants of their health, which, although they have a common basis, are distinguished by the factors already mentioned(6).

Considering the other social determinants of health, which are the result of the material and historical context to which black and quilombola subjects have been subjected, their health-disease processes have developed in a specific way, influenced by institutional and structural racism(7). Based on this, the achievements of the Brazilian Health Reform Movement (MRSB), with regard to the right to health, were essential for understanding health as something constitutional, recognizing social differences as predictors of illness in certain economic and social classes(8).

However, it is necessary to point out that the black movement did not maintain a direct link with the MRSB, partly due to the massive occupation of the academic environment and health-related courses, which contributed heavily to the MRSB, by the white elite of the time. However, the issue of the health of the black population had already been on the agenda of the black feminist movement since 1975, when complaints emerged about the mass surgical sterilization of black women, the aim of which, according to theorists at the time, was to control the reproduction of black people in the country (9).

After the implementation of the Unified Health System (SUS) in 1990 and the identification of inequities in access to health, the agenda on the health of the black population and its specificities was gradually strengthened over the course of 19 years, culminating, after years of intense struggle by the black movement, in the formulation of the National Policy for Comprehensive Health Care for the Black Population (PNSIPN), as a tool for mitigating such inequities. Despite proposing comprehensive care for black people, there are no specific guidelines for the health of quilombola populations, and it is referred to in a broad way, as if it were included in the discourse on black health(10).

Also in the PNSIPN, it is possible to identify a guideline that establishes the strengthening of the participation of the black/quilombola population in contexts of social control in health, such as health councils and conferences, regulated by Law 8.142/90(11). The participation of black people in these decision-making spaces contributes to the formulation of a SUS whose health actions converge with the specific needs of this population. However, there is an intense lack of knowledge about social control among SUS users, which denounces the need to expand actions related to this guideline. Santos et al.(12) pointed out that the knowledge of social control in a quilombola community in the state of Alagoas was precarious.

Given that popular demand was and is essential to the construction of public health policies, it is understood that the political education of individuals is necessary to guarantee their rights. This political education, in the field of health, can be established through Popular Health Education (EPS) actions, which use Paulo Freire's understanding to develop actions aimed at training critical and emancipated individuals, understanding health in its multidimensionality(13).

In this context, the problem that underpins the extension actions that served as the basis for this research was identified: the lack of knowledge of fundamental rights related to health by the quilombola population has repercussions on the commitment of popular participation in social control of health. Based on this, this paper aims to report on the contributions of a university extension program to strengthening the understanding of the right to health among a remaining quilombola population located in semi-arid countryside Alagoas.

Methodology

This is a descriptive study with a qualitative approach, of the experience report type. There are many experiences that can serve as the basis for the construction of a report, such as teaching, research, university extension and/or professional practice actions, thus collaborating with the particular vision of researchers about their intervention/study actions, which are related to scientific literature.

In the editorial written by Casarin and Porto(14) the authors point out the lack of a specific *guideline* to guide the writing of experience reports, suggesting the use of instruments related to the synthesis of qualitative scientific evidence, such as the *Standards for Reporting Qualitative Research* (SRQR) and the *Consolidated criteria for Reporting Qualitative research* (COREQ). At the same time, the study carried out by Mussi, Flores and Almeida(15) establishes, based on consultation of the international literature, guidelines for the preparation of experience report-type studies, so that they are of real relevance to scientific knowledge. This study was therefore structured on the basis of the guidelines established by the aforementioned authors.

The experience to be reported consists of an action of popular education in health aimed at a community of quilombola remnants located in the mesoregion of semi-arid countryside Alagoas. The action was carried out in May 2024, as part of the extension actions of the Right to Health and SUS Extension Project (PROEDSS), which is developed in a multidisciplinary manner at the Federal University of Alagoas, Arapiraca Campus.

The project members and the community's social leaders worked together, mediated by a student who is both a quilombola descendant and a member of the extension project, to define the setting in which the activity would take place. The Basic Health Unit (UBS) that serves the region's residents was defined, based on the participants' own wishes, as a fertile place for meetings and exchanges.

Some members of the Local Health Council, the Municipal Health Council, community leaders and undergraduate students in nursing, medicine, social work and psychology took part in the action, accompanied by the professor in charge, who was responsible for leading the discussion that emerged from the dynamics developed.

As this is an experience report, which deals with the analysis of data from the point of view of the authors who experienced it, this study does not need to be considered by the ethics committee before being drafted, in line with Resolution Nº. 466 of December 12, 2012, which deals with scientific studies involving human beings(16).

Results and discussion

To carry out the action, the students arrived at the community's UBS in advance in order to organize the space in a semicircle format, with the aim of contributing to the perception of horizontalization of the education process that would take place there. This would undo the traditional organization of spaces, which contributes to the perception that those who stand in front (teacher/educator) are the only holders of knowledge, while the others must remain passive, as has been common in traditional education since elementary school in Brazil(17).

The BHU was chosen as the venue for the action on the initiative of the community's users themselves, showing that the environment has become a place of welcome and comfort for them. This initiative exemplifies how the principle of ambience, proposed in the SUS National Humanization Policy, contributes to strengthening the relationship between users and health services(18).

The action was based on the theories and conceptions of Popular Education in Health (EPS), which arose from the apprehension of Freire's thesis of Popular Education by health professionals and activists who set out to understand the concept of health beyond the biomedical model of intervention, emphasizing the social aspect by relating health to problematization. Popular Education consists of a pedagogical model based on dialogue, problematization and the aim of emancipating subjects by questioning their own reality, and its application intensified during the military-corporate dictatorship (1964 - 1985). In the same way, EPS was applied during this period as a movement detached from the state and a determining factor in strengthening the intimate relationship between the health sector and the working classes(19).

The main themes for the moment were the PNSIPN, social control in health and the health issues of the black and quilombola population. Initially, the workshop was divided into four parts: 1) introduction of the subjects; 2) myths and truths about the right to health of the black population; 3) reading and discussion of a Problem Situation (PS) presented by the facilitators; and 4) recommendations and guidelines for strengthening popular participation in the quilombola community.

After the initial presentation of all those involved in the dynamics, a moment of myths and truths about the right to health of the black population unfolded. Various questions were raised, based on the "Charter of Rights for SUS Users" and the PNSIPN. At this point, it was possible to see that users' knowledge of their own rights is superficial and incipient, and it was possible to hear statements denouncing the non-enforcement of these rights in primary health care and the fear of claiming them.

This was followed by a collective reading of an SP which had been drawn up by the facilitators based on the most common issues faced by black and quilombola people, identified from the literature, such as difficulties in accessing health services and prejudice during appointments. At this point, there was a dynamic problematization of aspects related to the realization of the right to health and compliance with the PNSIPN in the SP, which quickly turned into a conversation about those problems in the reality of the participants, showing that they are victims of everything that the literature says about their difficulties in accessing health.

Based on this initial stimulus, the community members were able to raise various questions about their access to health and their fundamental rights, problematizing the reality in which they live. By grasping the statements made by the participants, the academics involved were able to conduct a teaching-learning process that sought to elucidate which problems were related to the denial of fundamental rights and which could be solved through the demands of the subjects present, whether institutional or not.

The more specific issues raised by the participants will be dealt with in the following topics.

The quilombola population's access to health services

The quilombola population is part of a context marked by various challenges such as low levels of schooling, poorer income conditions, precarious housing conditions and problems with commuting and transportation. When discussing the health of this population, it is necessary to take into account that ethnic-racial and territorial issues are important indicators of the inequalities to which they are subject. In this scenario, a significant problem faced by quilombolas concerns access to health services(20).

When observing the therapeutic itinerary taken by quilombolas in their search for care, it can be seen that their health practices depend on the knowledge of traditional medicine based on the hegemonic biomedical model and the services offered by the SUS. In view of this, it is still difficult to offer comprehensive care to this group, taking into account that the health teams' service flows do not fully meet the needs of users in their therapeutic journey. It is also worth noting that in some communities the health teams offer care three to four times a week, while in others medical care is only available once a month(21).

Faced with difficulties in accessing health services, the quilombola people choose to solve various health problems with traditional therapeutic practices such as the use of herbal teas, practices that are passed down from generation to generation. In addition, when faced with emergencies such as exacerbation of pathologies and comorbidities, it has been observed that users prefer to seek hospital care, which is most often found in neighboring towns(22)

The lack of health centers and high-complexity services close by and easily accessible to communities influences various aspects of the therapeutic itinerary. For users, food and transportation costs make it difficult to move around in search of care(21). Nevertheless, the conditions of access to quilombola communities, considering the distance from the urban area and the precariousness of the roads, also influence the permanence of health professionals at the health posts, contributing to high turnover and often to the absence of care teams for long periods. This constant change also affects the care provided to the population and impacts on the continuity of treatment(22).

The fragile relationship between the community and primary health care (PHC) perpetuates the belief that health is the absence of disease and means that important concepts such as prevention and health promotion are not put into practice(21). In this way, these limitations end up pushing the population further away from care and make it difficult to create links between health professionals and users, making it difficult to guarantee continuity and longitudinality of care, as stated in the PNAB guidelines(23)

In addition to geographical barriers, prejudice and discrimination have a significant influence on the proximity of the quilombola population to health services. In the study carried out by Amador et al.(24) pointed out that racism not only causes physical and psychological harm, but also alienates the population from care. In this scenario, it is worth pointing out that health professionals play a fundamental role in welcoming and providing care based on the specific needs of this population, and that actions such as the one carried out are important for raising awareness among these professionals and improving the quality of care provided(25).

Nevertheless, the manifestations of institutional racism are significant forms of erasure and oppression of quilombola peoples in the health sphere. This situation is exacerbated by the devaluation of the PNSIPN and the lack of a specific national health policy for the quilombola population. In the same way, the lack of records of social indicators, the unavailability of specialized services, the neglect given to resolving diseases that mostly affect the black population and the denial of the existence of racism all contribute to maintaining structural inequalities and the exclusion of this population from access to health(26).

Tackling the inequities that affect vulnerable groups depends, among other factors, on the training of the health professionals responsible for their care. However, the scarcity of strategies aimed at training health professionals to provide qualified and culturally sensitive care reinforces barriers that hinder the right to full health for quilombola peoples. There is also a gap in the ethnic-racial debate at undergraduate level. An analysis of the curricula of health training courses reveals that the approach to racial issues is almost non-existent and is often placed in the background. When it does occur, it is mostly in elective subjects or as an isolated topic within a curricular component, without effective integration in the training of these professionals(26,27)

In addition, it is still possible to see a gap in the knowledge of health professionals about the PNSIPN, as reported in the study by Geraldo et al(28). The authors found that all the participants in the survey were unaware of the existence of a public policy aimed at the black population, which significantly hinders the promotion of racial equity in the health sphere. This lack of knowledge and interest on the part of professionals actively contributes to the perpetuation of inequalities in access to health services, while reinforcing the difficulties related to the realization of the right to health for vulnerable groups(28).

Lack of knowledge about the right to health

Social participation is a tool that allows the population to participate in the execution and monitoring of state management actions through representatives, which is called social control. The spaces for social control in the SUS can be expressed through councils and collegiate bodies, so the lack of Quilombola representation in these and other spaces for decision-making and policy formulation demonstrates a lack in the exercise of social control, making it difficult to guarantee a democratic and participatory space in health(29).

However, for participation in decision-making spaces to be effective, it is important to recognize the issues that hinder the access of representatives from different social spheres to these spaces(29). In this sense, there is a discrepancy between the more experienced members of the councils, users and new participants, with the older councillors having a greater command of decision-making processes. This difference compromises the active participation of quilombolas in the construction of public policies, making them more susceptible to the influence of political managers and the perpetuation of structural inequalities(30).

However, although their rights are guaranteed by law, the socio-economic conditions that permeate quilombola communities mean that their requests are not met. Low schooling and poorer income conditions are associated with greater exposure to discriminatory situations, and the lack of knowledge about the existence of a specific health policy for the black population makes it difficult for people to recognize situations of discrimination and oppression in the health system, limiting their ability to demand their rights(31).

In this sense, the Charter of Health Users' Rights, which was worked on during the workshop, seeks to promote the fundamental principles for guaranteeing access, quality and equity in health care in Brazil. It is a significant tool in promoting the strengthening of the Quilombola population's participation in health, because as well as strengthening social control, it encourages citizens to know their rights in the health system. In this way, the Charter becomes an important tool in democratizing access to the SUS and making social control effective(32).

As a result, in addition to promoting social participation, the action sought to bring users closer to the representatives of the council who were present, by inviting those present to take part in the municipal council meetings. In addition, as a way of empowering the participants, the group presented the laws that support the exercise of the right to health, namely: the Federal Constitution of 1988(33) the Organic Health Laws, Ordinance Nº. 992 of May 13, 2009(34) establishing the National Policy for the Integral Health of the Black Population and Law 10.639/2003(35) which makes it compulsory to include Afro-Brazilian and African History and Culture in primary and secondary school teaching. And understanding that the lack of knowledge meant that quilombola people didn't know the institutional ways of seeking their own rights, the project listed places such as the ombudsman's office, the public defender's office and the municipal health council as spaces to make claims that help fulfill the right to health.

Later, in 2025, the Brazilian federal government began the process of collectively building the National Policy for the Comprehensive Health of the Quilombola Population - PNASQ, a process that included the collaboration of government departments, civil society, the Ministry of Racial Equality (MIR), the National Health Council (CNS), the National Council of Health Secretaries (Conass), the National Council of Municipal Health Secretaries (Conasems), as well as scholars in the field. The initial proposal for this policy emerged at the 17th National Health Conference, held in 2023. Although it has not yet been officially instituted, the proposal is already a step forward in guaranteeing the right to health of the quilombola population in a specific way, given the insufficiency of the PNSIPN to cover the health issues of these individuals (36).

Conclusion

In a context where people are unaware of their fundamental rights, it is difficult to claim them, something that is exacerbated among vulnerable communities, historically victims of a multidimensional process of erasure and subjection. Therefore, actions such as the one reported here stand out because they provide people with tools to help them claim their rights safely, without having to rely on third parties. The EPS proved to be the most appropriate approach for the community's needs, as the quilombolas' struggle is constant and they always need to be aware of the violations they suffer, even when they are subjective, thus enabling their emancipation as critical subjects.

Conflict of interest

The authors declare that there is no conflict of interest.

Authors' contribution

Dantas JEF contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical revision of its content and approval of the final version. Leite LKT contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical revision of its content and approval of the final version of the article. De Oliveira JR contributed to the critical review of its content and approval of the final version.

Editorial team
Scientific publisher: Alves SMC
Assistant editor: Cunha JRA
Associate editors: Lamy M, Ramos E

Executive editor: Teles G
Editorial assistant: Rocha DSS, Costa JRC, Mendes DSGJ, Rodrigues MESN
Proofreader: Barcelos M
Translator: Câmara DEC

References

1. Lima TDSDS, Anjos DND, Fernandes JGDS. Saberes quilombolas e interculturalidade: uma abordagem decolonial. Saberes [Internet]. Oct. 18, 2024 [cited Feb. 24, 2025]; 24(2):1-20. Available from: https://periodicos.ufrn.br/saberes/article/view/33448

2. Silva LWSD, Souza GAD, Barbosa AAL, Almeida GS, Silva ACS. Saberes de quilombos nas práticas de saúde: um estudo de revisão sistemática de literatura. ODEERE [Internet]. Dec. 19, 2024 [cited Feb. 24, 2025]; 9(3):134-58. Available from: https://dialnet.unirioja.es/descarga/articulo/9893239.pdf

3. Brasil. Lei nº 3.353, de 13 de maio de 1888. Lei Áurea. Declara extinta a escravidão no Brasil. 1888. Diário Oficial da União: seção 1, Brasília, DF, ano 67, p. 1, 14 mai. 1888.

4. Melo CDS. Quilombolas de Alagoas: um estudo sobre a estrutura fundiária e a reprodução social das comunidades Sítio Rolas e Serra das Viúvas [Monograph]. Delmiro Gouveia / AL: Universidade Federal de Alagoas, Campus Arapiraca; 2021. 96 pags. [cited Apr. 17, 2025]. Available from: https://www.repositorio.ufal.br/handle/123456789/8300

5. Batista LE, Santos MPAD, Cruz MMD, Silva AD, Passos SCDS, Ribeiro EE, et al. Produção científica brasileira sobre saúde da população negra: revisão de escopo rápida. Ciênc. Saúde Coletiva. Out. 2022 [cited Apr. 17, 2025]; 27(10):3849-60. Available from: https://www.scielo.br/j/csc/a/f5t9bY35ZxwRpLz9c7RTMpc/abstract/?lang=pt

6. Nascimento MTMD, Libardi SS. Identidade negra/quilombola: diálogos intergeracionais de autoafirmação em uma comunidade do sertão nordestino. Rev. Bras. Educ. 2023 [cited Apr. 17, 2025]; 28:1-24. Available from: https://www.scielo.br/j/rbedu/a/ScJKqwcVT779N4X3SrNRGRP/

7. De Almeida SL. Racismo Estrutural. 1ª ed. São Paulo: Pólen; 2019. 264 p.

8. Araújo MVRD, Teixeira CFDS. Concepções de saúde e atuação do Movimento Negro no Brasil em torno de uma política de saúde. Saúde E Soc. [Internet]. 2022 [cited Apr. 17, 2025]; 31(4):1-12. Available from: https://www.scielo.br/j/sausoc/a/bfwK5pSztfmYp7j9GcXgz6d/?format=pdf&lang=pt

9. Damasco MS, Maio MC, Monteiro S. Feminismo negro: raça, identidade e saúde reprodutiva no Brasil (1975 - 1993). Rev. Estud. Fem. 2012 [cited Apr. 17, 2025]; 20(1):133-51. Available from: https://www.scielo.br/j/ref/a/NLv5Bs6zRGHhzCZ8859x9dS/abstract/?lang=pt

10. Brasil. Política nacional de saúde integral da população negra: uma política para o sus. 3º ed. Brasília: Editora do Ministério da Saúde; 2017. 33p.

11. Brasil. Lei n° 8.142, de 28 de dezembro de 1990. Dispõe sobre a participação da comunidade na gestão do Sistema Único de Saúde (SUS) e sobre as transferências intergovernamentais de recursos financeiros na área da saúde e dá outras providências. Diário Oficial da União: Brasília, DF, 169, p. 1-2, 28 dez. 1990.

12. Santos PSD, Silva IMD, Silva MEPD, Santos TSD, Ferreira AKDS, Jobim MLA, et al. Avaliação do nível de conhecimento de uma comunidade quilombola do Estado de Alagoas sobre a participação popular nos conselhos municipais de saúde. Res. Soc. Dec. 10, set. 2021 [cited Apr. 17, 2025]; 10(11):1-10. Available from: https://rsdjournal.org/index.php/rsd/article/download/20053/17839/244206

13. Brasil. Caderno De Educação Popular E Saúde. 1º ed. (Série B. Textos Básicos De Saúde). Brasília: Ministério da Saúde; 2007. 160 p.

14. Casarin ST, Porto AR. Relato de Experiência e Estudo de Caso: algumas considerações / Experience Report and Case Study: some considerations. J Nurs Health [Internet]. Nov. 22, 2021 [cited Jan. 13, 2025];11(4):1-3. Available from: https://periodicos.ufpel.edu.br/index.php/enfermagem/article/view/21998

15. Mussi RFDF, Flores FF, Almeida CBD. Pressupostos para a elaboração de relato de experiência como conhecimento científico. Práxis Educ. Sep. 1, 2021 [cited Apr. 17, 2025]; 17(48):1-18. Available from: http://educa.fcc.org.br/scielo.php?script=sci_arttext&pid=S2178-26792021000500060

16. Brasil. Conselho Nacional de Saúde. Resolução n° 466, de 12 de dezembro de 2012. Diário Oficial da União: seção 1, Brasília, DF, n. 12, p. 59, 13 jun. 2013.

17. Gonçalves NS. O espaço escolar e seus atravessamentos nos processos de aprendizagem no ensino básico [Monograph]. São Paulo: Universidade Estadual Paulista “Júlio de Mesquita Filho”, Instituto de Artes; 2024 [cited Apr. 17, 2025]. Available from: https://repositorio.unesp.br/entities/publication/3cb0db68-9f95-4052-a9aa-471835eaca90

18. Brasil. Ambiência. 2ª ed., (Série B. Textos Básicos de Saúde). 4ª reimpressão. Brasília, DF: Editora do Ministério da Saúde; 2010. 32 p.

19. Arjona FBS, Meneses MN, Cárcamo MIC, Rocha CMF, Dias AP, Machado JMH, et al. A contribuição do pensamento de Paulo Freire para a Vigilância Popular em Saúde. Ciênc. Saúde Coletiva [Internet]. Jun. 2024 [cited Apr. 17, 2025]; 29(6):1-10. DOI: [10.1590/1413-81232024296.12312023](https://doi.org/10.1590/1413-81232024296.12312023)

20. Gomes WDS, Gurgel IGD, Fernandes SL. Determinação social da saúde numa comunidade quilombola: análise com a matriz de processos críticos. Serviço Soc. Soc. [Internet]. Apr. 2022 [cited Apr. 17, 2025]; (143):140-61. Available from: https://www.scielo.br/j/sssoc/a/z765NN7fXGWXDhPk7NCw94C/

21. Gomes RF, Oliveira PSD, Silva MLO, Miranda SVCD, Sampaio CA. Itinerários terapêuticos no cuidado em saúde em comunidades quilombolas. Ciênc. Saúde Coletiva [Internet]. 2024 [cited Apr. 17, 2025]; 29(3):1-10. Available from: https://www.scielo.br/j/csc/a/BXLmmFk5KTZn8GdLQ7ZpMMy/

22. Oliveira PSD, Miranda SVCD, Queiroz PDSF, Santos BA, Rodrigues Neto JF, Sampaio CA. Itinerários terapêuticos de mulheres quilombolas do norte de Minas Gerais, Brasil. Ciênc. Saúde Coletiva [Internet]. 2024 [cited Apr. 17, 2025]; 29(3):1-10. Available from: https://www.scielo.br/j/csc/a/KhtQNLPVr5yFFDCzjhQ3QDs/

23. Brasil. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Brasília, DF: Ministério da Saúde [Internet], 2017. [cited Feb. 24, 2025]. Available from: http://www.brasilsus.com.br/index.php/legislacoes/gabinete-do-ministro/16247-portaria-n-2-436-de-21-de-setembro-de-2017

24. Amador EO, Pinheiro PDNQ, Silva PA, Sandim DDB, Dias EGR, Lima LNGC, et al. Determinantes sociais em saúde como fator de impacto na assistência em saúde para populações quilombolas: uma revisão sistemática. Rev. Eletrônica Acervo Saúde [Internet]. Apr. 18, 2024 [cited Apr. 17, 2025]; 24(4):1-12. Available from: https://acervomais.com.br/index.php/saude/article/view/14922

25. Rezende LC, Caram CDS, Rezende LS, Santos TCC, Caçador BS, Brito MJM. A prática do enfermeiro na implementação de políticas públicas para a população negra: à luz da ética feminista. Saúde e Soc. [Internet]. 2021 [cited Apr. 17, 2025]; 30(4):1-8. Available from: https://www.scielo.br/j/sausoc/a/RB4jYqqQqjZ9N8LDnhDvBpd/

26. Anunciação D, Pereira LL, Silva HP, Nunes APN, Soares JO. (Des)caminhos na garantia da saúde da população negra e no enfrentamento ao racismo no Brasil. Ciênc. Saúde Coletiva [Internet]. Out. 2022 [cited Apr. 17, 2025]; 27(10):3861-70. Available from: https://www.scielo.br/j/csc/a/mNYPvyFtbp3bm3bc8S64b3j/abstract/?lang=pt

27. Pereira Franchi EPL, Terra MF, Nascimento-Rocha JM, Marquezan RF, Odorizzi VF. A formação de profissionais de saúde no cuidado às comunidades quilombolas: um relato de experiência. Rev. Bras. Med. Fam. Comunidade [Internet]. Oct. 15, 2018 [cited Apr. 17, 2025]; 13(40):1-11. Available from: https://rbmfc.org.br/rbmfc/article/view/1620

28. Geraldo RM, Oliveira JCD, Alexandre LSC, Aguiar MRDA, Vieira AFS, Germani ACCG. Preenchimento do quesito raça/cor na identificação dos pacientes: aspectos da implementação em um hospital universitário. Ciênc. Saúde Coletiva [Internet]. Oct. 2022 [cited Apr. 17, 2025]; 27(10):3871–80. Available from: https://www.scielo.br/j/csc/a/DVPvS3wkcRFQx3Mcfs9m85H/?lang=pt

29. Gomes JFDF, Orfão NH. Desafios para a efetiva participação popular e controle social na gestão do SUS: revisão integrativa. Saúde em Debate [Internet]. 2021 [cited Apr. 17, 2025]; 45(131):1199-213. Available from: https://www.scielo.br/j/sdeb/a/mnGCSGkFNYjRshXhxGMk95m/?lang=pt

30. Almeida CBD, Santos ASD, Vilela ABA, Casotti CA. Reflexão sobre o controle do acesso de quilombolas à saúde pública brasileira. Av. En. Enferm. Jan. 1, 2019; 37(1):92-103. Available from: http://www.scielo.org.co/scielo.php?script=sci_abstract&pid=S0121-45002019000100092&lng=pt&nrm=iso

31. Chehuen Neto JA, Fonseca GM, Brum IV, Santos JLCTD, Rodrigues TCGF, Paulino KR, et al. Política Nacional de Saúde Integral da População Negra: implementação, conhecimento e aspectos socioeconômicos sob a perspectiva desse segmento populacional. Ciênc. Saúde Coletiva [Internet]. Jun. 2015 [cited Apr. 17, 2025]; 20(6):1909-16. Available from: https://www.scielo.br/j/csc/a/mNYPvyFtbp3bm3bc8S64b3j/

32. Brasil. Carta dos direitos dos usuários de saúde. 3ª ed. (E. Legislação de saúde). Brasília: Ministério da Saúde; 2011.

33. Brasil. Constituição da República Federativa do Brasil Atualizada até a EC n. 129/2023 - edição tradicional. Brasília, DF: Supremo Tribunal Federal; 2024.

34. Brasil. Ministério da Saúde. Portaria n° 992, de 13 de maio de 2009. Institui a Política Nacional de Saúde

Integral da População Negra. Diário Oficial da República Federativa do Brasil, Brasília, 14 maio 2009.

35. Brasil. Lei n° 10.639, de 9 de janeiro de 2003. Altera a Lei nº 9.394, de 20 de dezembro de 1996, que estabelece as diretrizes e bases da educação nacional, para incluir no currículo oficial da Rede de Ensino a obrigatoriedade da temática 'História e Cultura Afro-Brasileira', e dá outras providências. Diário Oficial da União, Brasília, 10 jan. 2003.

36. Estrella B. Aberta consulta pública sobre a Política Nacional de Saúde Integral da População Quilombola. Brasília: Ministério da Saúde. [Updated on Feb. 17, 2025] [cited Apr. 17, 2025]. Available from: https://www.gov.br/saude/pt-br/assuntos/noticias/2025/fevereiro/aberta-consulta-publica-sobre-a-politica-nacional-de-saude-integral-da-populacao-quilombola

How to cite

Dantas JEF, Leite LKT, De Oliveira JR. The right to health of the quilombola population: between vulnerability and problematization. Cadernos Ibero-Americanos de Direito Sanitário. 2025 apr./jun.;14(2):13-23.
https://doi.org/10.17566/ciads.v14i2.1351

Copyright