FIOCRUZ | Brasília

ISSN: 2358-1824

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

Editorial

Right to health and connections in Northern Brazil: practices and contexts

Direito à saúde e conexões do Norte brasileiro: práticas e contextos

Derecho a la salud y conexiones del Norte de Brasil: prácticas y contextos

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Abstract
The editorial presents a special dossier devoted to reflecting on the Right to Health from the perspective of the Amazonian and pan-regional connections that traverse northern Brazil, seeking to address the underrepresentation of scientific research on the Right to Health produced in Brazil's Northern Region. The dossier brings visibility to a plural and territorially grounded body of academic production that, within the heterogeneous complexity of the Northern Region itself, reflects the different challenges involved in constructing responses capable of strengthening the realization of the social right to health, while valuing epistemologies and experiences produced from within the territory itself.
Keywords: Right to Health; Brazil; Northern Region.

Resumo
O editorial apresenta dossiê especial dedicado a pensar o direito à saúde a partir das conexões amazônicas e pan-regionais que atravessam o Norte brasileiro, de modo a combater a sub-representação da produção científica em direito à saúde, produzida pela Região Norte do Brasil. O dossiê confere visibilidade a uma produção acadêmica plural e territorialmente ancorada, que expressa, na complexidade heterogênea da própria região Norte, os distintos enfrentamentos voltados à construção de respostas capazes de fortalecer a efetivação do direito social à saúde, valorizando epistemologias e experiências produzidas a partir do próprio território.
Palavras-chave: Direito à Saúde; Brasil; Região Norte.

Resumen
El editorial presenta un dossier especial dedicado a reflexionar sobre el Derecho a la Salud desde las conexiones amazónicas y panregionales que atraviesan el Norte de Brasil, con el propósito de hacer frente a la subrepresentación de la producción científica en Derecho a la Salud generada en la Región Norte de Brasil. El dossier otorga visibilidad a una producción académica plural y territorialmente

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arraigada que, en la propia complejidad heterogénea de la Región Norte, expresa los distintos desafíos orientados a la construcción de respuestas capaces de fortalecer la efectividad del derecho social a la salud, valorando las epistemologías y experiencias producidas desde el propio territorio.
Palabras Clave: Derecho a la Salud; Brasil; Región Norte.

This issue of Cadernos Ibero-Americanos de Direito Sanitário (CIADS) arises from a finding that needs to be stated: Brazil's Northern Region remains on the margins of national scientific production on the right to health. Data systematized by Rodrigues Jr.[1] reveal the extent of this asymmetry in graduate programs in law: the Southeast Region concentrates 47 programs and the South Region, 34, whereas the North has only 5 - a number lower even than that of the Central-West, 13, and the Northeast, 21. The picture repeats itself, with even more serious contours, in the field of collective health: according to Oliveira[2], Brazil had, as of 2022, a total of 97 graduate programs in the field, of which 44 were concentrated in the Southeast, compared with only 6 in the North — the same, symptomatically low number recorded in the Central-West. From a broader historical perspective, Sidone, Haddad, and Mena-Chalco[3] demonstrate that, already between 2007 and 2009, the Southeast and South regions accounted for more than three-quarters of all national scientific production, while the Central-West and North combined did not reach 10% of the total.

This gap in production is not a neutral observation. Puntel[4], in a comparative study on access to the Unified Health System (SUS) in the five major Brazilian regions between 2005 and 2014, found significant divergences in this access, with the North and Northeast regions recording the lowest indicators in most of the aspects analyzed. There is, therefore, a worrying correlation between the scarcity of health law research and the material precariousness of access to health care in this region: where critical reflection on judicialization, public policies, Indigenous health, riverine health, sanitation, and the social determinants of illness is most needed, less is produced and less is published.

This gap in knowledge takes on another dimension when situated in the broader context of Latin America as a peripheral region of the scientific world-system. Peripheral countries such as Brazil reproduce internally a logic analogous to the one that subordinates them globally: just as Latin American scientific production occupies a subordinate position in relation to the major centers of the Global North, the production of Northern Brazil occupies a subordinate position in relation to the South-Southeast axis of the country itself - a disparity already demonstrated by Sidone, Haddad, and Mena-Chalco[3] and reiterated, for the legal field, by Rodrigues Jr[1].

Researching the right to health in this context, therefore, is not a self-referential academic exercise; it is a condition for the Brazilian State to understand and confront the particularities of territories marked by health vulnerability, porous international borders, Indigenous and riverine populations, a territorial extent disproportionate to the service network, and inequalities that the legal literature produced in the major centers frequently neither reaches nor names. Strengthening this production is also an instrument of scientific sovereignty: a peripheral country that does not produce knowledge about its own internal peripheries remains doubly dependent — on imported paradigms and on others' diagnoses of its own reality.

It is at this point that interdisciplinary scientific communication proves indispensable, and here we draw on the contribution of Moacyr Scliar, a Brazilian public health physician and writer who devoted part of his work to reconstructing the history of the concept of health. In 'From the magical

to the social: the trajectory of public health', Scliar[5] had already demonstrated that the history of public health is also the history of the ways in which different societies, at different times, combined medical, religious, social, and political knowledge to confront collective illness. Years later, in a synthesis article, the author reaffirms this perspective: "the concepts of health and disease are analyzed in their historical evolution and in their relationship with the cultural, social, political, and economic context"[6]. This is, therefore, an interdisciplinary conception of health that rejects disciplinary fragmentation in favor of an integrated reading of illness and care — a conception that underpins the need for journals such as CIADS, capable of bringing together legal scholars, public health professionals, public administrators, and researchers from diverse fields around the same object. Communicating science in matters of health without this interdisciplinarity is to reproduce the same reductionism that Scliar[6] identified as historically overcome: treating as strictly technical and legal, or strictly clinical, that which is, by nature, social, cultural, and political.

The three axes presented here - the scientific underrepresentation of Northern Brazil[1,2,3], Brazil's peripheral condition in Latin American production on the Right to Health, and the interdisciplinary requirement inherited from Scliar's thought[5,6] - are not parallel topics, but facets of the same problem. The scarcity of health law research in Northern Brazil, authored by researchers who reside and work there, is, in part, a consequence of scientific communication that has not yet broken through the disciplinary and regional boundaries necessary to capture the complexity of health as a multidimensional phenomenon; and this same scarcity, in turn, deepens the peripheral position of Brazil and its Northern Region in the production of knowledge about their own populations, as evidenced by the data on unequal access systematized by Puntel[4]. Breaking this cycle requires editorial investment, the training of local researchers, and, above all, publication spaces that legitimize and give visibility to this production.

It was in this context of a direct response to this deficit - not as a gesture of rhetorical compensation, but as an instrument of epistemic justice - that this dossier was developed, dedicated to thinking about the right to health through the Amazonian and pan-regional connections that traverse Northern Brazil. By bringing together a set of articles originating from institutions in the states of Pará, Amazonas, and Roraima, the dossier gives visibility to a plural and territorially anchored academic production that expresses, within the heterogeneous complexity of the Northern Region, the different struggles - legal, institutional, territorial, and social - aimed at building responses capable of strengthening the realization of the social right to health, valuing epistemologies and experiences produced from the territory itself.

The journal Cadernos Ibero-Americanos de Direito Sanitário (CIADS) presents itself, through this publication, as a space for plural, interdisciplinary, and regionally situated scientific communication, directed at professionals and students of law and health who recognize, in the production of knowledge about Northern Brazil, not a peripheral topic, but a central agenda for the realization of the right to health in Brazilian society.

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Editorial information

History

Received: September 18, 2026
Accepted: September 18, 2026

Authors' contributions

K.D. Ribeiro and E.M.S.F. Texeira: jointly conceived and wrote this editorial, critically reviewed the text, and approved the final version for publication.

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Publisher

Fundação Oswaldo Cruz (Fiocruz), Health Law Program, Brasília, DF, Brazil.

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How to cite (Vancouver)

Ribeiro KD, Texeira EMSF. Right to health and connections in Northern Brazil: practices and contexts. Cad. Ibero-Am. Direito Sanit. 2026;15:e2026042. doi: 10.17566/ciads.e2026042