

## Promotion of healthy territories: Technical advice on social housing in Sector 1 of Colônia Juliano Moreira

*Promoção de territórios saudáveis: assessoria técnica à habitação social no Setor 1 da Colônia Juliano Moreira*

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**ABSTRACT** The article proposes to contribute to reflection on health promoting principles and strategies in vulnerable territories, aiming at the specific objective to evaluate the role that can be played by a local, permanent, and participatory policy and public service, developed through technical assistance with a focus on improving the housing space and the habitat that favors the most vulnerable population and promotes positive solutions in their quality of life. The work has its theoretical methodological foundation in the field of urban health, referenced from the critical perspective of the complexity of the health-disease phenomenon, more specifically when it relates the social and environmental vulnerability and the conditions of the built environment to collective health. The article uses as a reference the experience developed by FIOCRUZ Mata Atlântica, of the Oswaldo Cruz Foundation, and seeks to verify the identification of social determinants and processes of social determination of health as well as the appropriation of principles and strategies of action of this disciplinary field. The partial results of this ongoing experience have advances not only in the objective transformations of determining factors related to the built environment, but also in the social organization and intersectoral articulation in this context, as well as the construction of references for public policies.

**KEYWORDS** Urban health. Social determination of health. Sustainable development. Healthy city.

**RESUMO** O artigo propõe contribuir para a reflexão sobre princípios e estratégias promotoras de saúde em territórios vulnerabilizados, tendo como objetivo específico avaliar o papel que pode ser desempenhado por uma política e serviço público de base local, permanente e participativo, desenvolvido por meio de assessoria técnica com enfoque na requalificação do espaço da moradia e do habitat que favoreça a população mais vulnerabilizada e promova soluções positivas em sua qualidade de vida. O trabalho tem sua fundamentação teórico-metodológica no campo da saúde urbana, referenciada na perspectiva crítica da complexidade do fenômeno saúde-doença, mais especificamente quando relaciona a vulnerabilidade socioambiental e os condicionantes do ambiente construído à saúde coletiva. O artigo utiliza como caso referência a experiência desenvolvida pela Fiocruz Mata Atlântica, da Fundação Oswaldo Cruz, e busca verificar a identificação dos fatores determinantes e de processos de determinação social da saúde, bem como a apropriação de princípios e estratégias de ação desse campo disciplinar. Os resultados parciais dessa experiência em curso apresentam avanços não somente nas transformações objetivas dos fatores determinantes relacionados com o ambiente construído, mas também na organização social e na articulação intersectorial nesse contexto, assim como na construção de referências para políticas públicas.

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**PALAVRAS-CHAVE** Saúde urbana. Determinação social da saúde. Desenvolvimento sustentável. Cidade saudável.



## Introduction

The current context presents the confrontation of several associated crises – social, economic and environmental – with attention to the health crisis evidenced by the COVID-19 pandemic, which define systemic risks and growing vulnerabilities that are unevenly distributed in the territory in its various scales. In the current context of the neoliberal system, there is also an absence of the State in guaranteeing the rights to the city and to decent housing, with this being replaced by the formal and informal market when offering alternatives for the acquisition of land and housing. There is a growing process of financialization of the economy and setbacks in rights and policies, making it difficult to respond to this context. After the beginning of the COVID-19 pandemic, social inequalities were made explicit and the risks to which populations are exposed were expanded, with new challenges being added to those already faced, especially in peripheral countries<sup>1</sup>.

The completion of this cycle, with a new development project guided by social inclusion and the expansion of citizenship, can only take place through the insertion in urban policy of a more inclusive and democratic model of a city for all. This is the context in which it is proposed to contribute to the reflection on principles and strategies that promote health in vulnerable territories, with the specific objective of evaluating the role that can be played by a local, permanent and participatory public policy and service, developed through technical advice focused on the requalification of housing and *habitat* space, aiming at favoring the most vulnerable population and promoting positive solutions for their quality of life. The work has its theoretical-methodological foundation in the field of urban health, referenced in the critical perspective of the complexity of the health-disease phenomenon, more specifically when it relates socio-environmental vulnerability and the conditioning factors of the built environment to collective health.

The article uses as a reference case the experience in technical advice given to the communities that occupy part of Sector 1 of the Juliano Moreira Colony, carried out, since 2007, by the Development Program of the FIOCRUZ Mata Atlântica *Campus* (PDCFMA) of the Oswaldo Cruz Foundation (FIOCRUZ), a public and strategic State institution for health, committed to addressing inequalities and inequities in health. In this analysis, we verified the identification of determining factors and determination processes based on the recovery of the historical, social and urban development process and their place in the participatory diagnosis carried out with the studied communities themselves, as well as the appropriation of principles and action strategies guided by interdisciplinary and interinstitutional work that sought to articulate the various dimensions of health determination through a systemic and interdisciplinary approach. Some partial results of this experience are presented, as well as the inflection of the action strategy from the change of contextual elements that impacted the scenarios originally defined for the territory.

The learning accumulated in this experience, which remains under development, has offered relevant contributions as a reference to public policies, especially those aimed at the elaboration and implementation of technical assistance programs in the context of municipal housing and urban policy, as demonstrated in recent work carried out with representatives of the City of Rio de Janeiro and organized civil society<sup>2</sup>. Likewise, this experience seeks to continuously contribute to the debate on principles and strategies that promote healthy and sustainable territories carried out by FIOCRUZ, especially after the approval of an institutional program dedicated to the theme, whose term of reference presents the theoretical-methodological foundation and the convergences in the institutional approach on the subject<sup>3</sup>.

## Deficit, housing inadequacy and risk

The housing deficit and inadequacy are a portrait of the deep urban inequality reinforced by the historical and contemporary dynamics of urbanization, common to Latin America, which concentrates health inequalities in the areas of greater urban poverty, shanty towns and peripheries<sup>4,5</sup>. The context of Latin America points out that approximately 85% of the population is urban, more than half of the occupation of the territory of cities is reproduced without or with restricted public investment, causing a relevant portion of the resident population to remain without urbanization, nor sanitation and without adequate housing, remaining vulnerable to a set of conditions unfavorable to health, despite the diversity of these conditions and housing needs, which is a central structural problem of our urban reality<sup>6</sup>.

The housing deficit and inadequacy must be understood, respectively, as the need for new housing and that of overcoming the inadequate conditions of current housing, both representing indicators that offer a broader notion of the housing needs of a country in their various territorial areas, being indispensable as guides for public policies that deal with a fundamental right of the population. The information on the deficit and housing inadequacies for the Brazilian reality is illustrative of this picture previously presented. The Brazilian housing deficit calculated for recent years from, 2016 to 2019, is equivalent to more than 8% of the total national stock of permanent and improvised private households, and it is worth mentioning the component related to the excessive rent burden, which represents more than 50% of the total. Information regarding housing inadequacy in durable urban households, also from 2016 to 2019, points to the need to pay special attention to the restrictions and limits faced by the poorest population in access to land, decent housing and basic sanitation conditions. One must remark the inadequacy of

urban infrastructure that relates to 23.5% of Brazilian households, where the main sub-component is the compromise of regular and quality supply of water, and the building inadequacy that is greater than 18% of households, where the main subcomponent points out the inexistence of reservoirs for water storage.

With the COVID-19 pandemic, the processes of vulnerability and the risks to the population worsened. Next, we seek to exemplify some factors present in three scales of vulnerability and risk analysis that were aggravated by the pandemic and that remain a complex social situation when it comes to family, housing and *habitat*.

At the family level, we can mention the devastating impact there was on formal and, especially, informal employment; and also on the income of the population, a situation that has increased the exposure of a significant portion of the population to hunger and the difficulties of access to the minimum conditions to face the pandemic and other infectious and chronic diseases, both at home and abroad.

In the housing scale, we can mention the absence of insolation, ventilation, the presence of humidity and other building pathologies that can impair the immunity conditions of residents when in long stays in the home space. In addition, the high household density and the cohabitation of families in the same household make isolation impossible regardless of the need for it.

On the *habitat* scale, we can mention the insecurity regarding land and housing tenure as a problem that worsened in view of the risk of evictions and repossessions, which had as a visible result a considerable increase in the homeless population, a situation that sharply increased the exposure of this population in a context in which staying at home was considered one of the main non-pharmacological measures to contain the pandemic. The lack of adequate urban infrastructure and public services, with special attention to basic sanitation, and the lack of quality water and intermittent access to water represent another serious

problem, as they are also essential conditions for carrying out hygiene and disease prevention measures.

## **Urban health, socio-environmental health determination and technical assistance for social housing**

The fields of urban health and health promotion present an expanded conception of health in which the conditions experienced by families, their homes and the environment where they are located are some of the socio-environmental determinants of health and result in a higher prevalence of infectious diseases and chronic diseases<sup>7</sup>. The Latin American current in the field of collective health, despite recognizing that there has been an advance in the expansion of the concept of health and its approach, considers that this perspective, adopted by the World Health Organization (WHO), remains linked to a causal relationship in which social determinants are assumed as externally connected factors. This current emphasizes the need to incorporate, as an interpretative methodology of collective health, the questioning of the power relations of the market society, of the reproduction of social classes and of the role played by the State as processes of social determination of health, given that they reproduce the conditions that generate inequalities and inequities in health.

Breilh<sup>8</sup> argues that the urban social space involves processes and factors that mediate the social reproduction of social classes, which operate by promoting health or as destructive forces that deny life and promote its deterioration to the extent of death. This understanding points out that it would not be enough to recognize the determinants and the evidence of their impact on health

and therefore act on them, but that it would also be necessary to recognize and act on the processes that define the socio-environmental determination of health, guided by an integral practice of transformation, through processes built in a participatory manner and aimed at strengthening the autonomy and capacity for social organization of the population, through knowledge of their problems and mastery of the alternatives to face them.

The context of health emergency, given the COVID-19 pandemic, pointed to the need for exceptional measures to support vulnerable populations, associated with short- and medium-term housing adequacy measures and their urban context to overcome this historical social debt, which threatens the health and life of this population<sup>9</sup>. Corburn and Riley<sup>10</sup> argue that the political struggle for health equity and social justice in cities could be strengthened, with a more significant impact on vulnerable territories, if the processes of determination and the factors that stand out as socio-environmental determinants of health are used as guidelines for the formulation, monitoring and evaluation of urban policy. It is in this sense that there must be a reflection on the role that technical assistance to social housing can play as a public policy and strategy to promote healthy territories.

Technical assistance to social housing proposes that professionals should work in supporting low-income populations, in the elaboration of projects and in the monitoring of works aimed at overcoming housing inadequacies and their various components. In 2008, technical assistance was established by Federal Law No. 11,888 as a right and public policy to be implemented by the various spheres of public management. However, since pioneering experiences in the 1970s, verified experiences are still rare. Many of them are carried out in isolation or in a non-integrated manner by non-government organizations, organized social

groups, professional entities and academic and scientific institutions, not reflected in public institutional structures.

However, recent initiatives have broadened the approach to technical assistance, which was previously focused on overcoming housing inadequacies, and have come to consider in their scope the housing inadequacies related to the security of land tenure, therefore, with the land tenure regularization of families, as well as to that related to urban infrastructure and the demand for new housing, strengthening the perspective of integrality and intersectorality in reflection and action. New approaches to this theme also suggest that the policy of technical assistance to housing of social interest should constitute a permanent public service and consider the opportunity to articulate with other sectoral public policies, especially those that present a territorialized action, notably with the health teams of the Family Health Strategy (FHS) and the teams of the social assistance network<sup>2</sup>.

The Unified Health System (SUS), its doctrinal principles – universalization, equity, integrality – and its principles that relate to its operationalization, regionalization, decentralization and social participation are presented as an important strategy for social transformation in defense of human rights and health. The resumption of the strengthening of SUS as a priority policy, in this new political cycle started in 2023, brings the opportunity for intersectoral articulation with other policies that deal with universal rights and that are committed to transforming the reality in the territories. In this sense, the Primary Health Care model in Brazil, which defines the performance of teams linked to territorial cuts and a set of families, having as a unit of analysis and intervention the territory used, considering its specificities, offers a possible strategy for structuring a technical assistance policy and its intersectoral articulation with health and other sectors.

## FIOCRUZ Mata Atlântica's Healthy Housing Technical Advisory Program

The Program of technical advice on healthy housing to the population residing in Sector 1 of the Juliano Moreira Colony represents part of the activities carried out by the FIOCRUZ Mata Atlântica team in the 'urban health' axis, proposing an integrated and interdisciplinary technical advice and support to the self-employment processes involving residents. The program seeks to act as a priority on health inequalities with special attention to the most vulnerable and exposed to disasters groups, in addition to understanding and acting in an integral and systemic way on the conditions of the socially constructed environment, considering the relationships between social determinants and collective health, with the territory used as a basis for social participation and intersectorality of action and integration of public policies based on health promotion strategies.

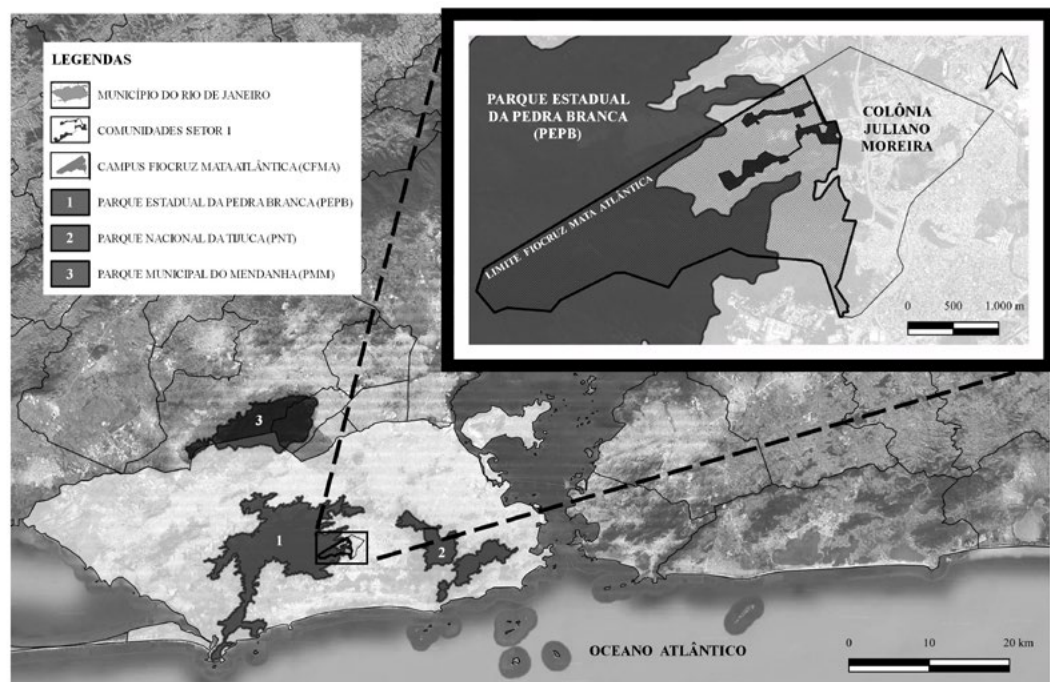
The so-called Sector 1 of the Juliano Moreira Colony is located on the border between an environmental conservation unit, the Pedra Branca State Park, and the urban fabric of the city that belongs to the neighborhoods of Jacarepaguá, Taquara and Curicica, in the municipality of Rio de Janeiro. The FIOCRUZ Mata Atlântica *campus*, contiguous to the area of the communities object of this study, is also encompassed by Sector 1. This is an area of the Federal Government originally dedicated to the activities of a complex of units focused on mental health that, since 1999, has started a process of administrative and land reform, ceding sectors of this area to other public institutions. Sector 1 was assigned to FIOCRUZ with the commitment to allocate the area to the activities present in its institutional mission, seeking to value the health and environment relationship in carrying out research and technological development, as well as supporting the land regularization of resident families,

whose responsibility for the deed belongs to the Federal Heritage Secretariat (SPU), which remains the owner of the portion of the area occupied by the families.

Figure 1, below, indicates the location of the FIOCRUZ *campus* and the set of communities where the first social registration indicated the existence of 220 families. The territory where they are located presents marked socio-environmental vulnerability, with a dominant

situation of low family income, unhealthiness and sanitary and housing precariousness, occupations in areas of geological risk and on the banks of streams and drainage lines. The settlement has a fragmented pattern of occupation, in low density, located in the buffer zone of the Pedra Branca State Park, which implies conditions of difficult implementation of infrastructure.

Figure 1. Location map of the FIOCRUZ Mata Atlântica *campus* and communities located in Sector 1 of Colônia Juliano Moreira



Source: Prepared by the authors. Google Satellite, 2022, src used EPSG: 3857 - WGS84. PDCFMA/FIOCRUZ Urban Health Team, 2023.

The program understands the habitation as the essential space for guaranteeing citizenship rights that ensure a minimum standard of equity and quality of life, and its performance is guided by the perspective of a healthier *habitat*. In addition, its assumption is that access to land and decent habitation is the foundation of urban and housing policy to guarantee the right to the city and to health. The activities

focus on supporting the process of land and urban regularization, the urban requalification of settlements, housing improvements in the most precarious buildings and the process of building new housing for resettlement of families located in areas of environmental preservation, in situations of geological risk or of precarious conditions of livability, which would not be able to be remedied.

Considering the centrality that environmental sanitation imposes on health determination processes and the specific characteristics of these systems, FIOCRUZ's proposal involves technical advice on the application of non-conventional socio-technical solutions that are appropriate and capable of being carried out by the population itself and that prioritize the ecological character of the alternatives adopted. In addition to the advantages related to comparative costs with solutions that aim to integrate communities with low population density into conventional infrastructure systems, such proposals have characteristics that protect water resources and prevent their contamination by treating domestic effluents before they are released or by not releasing them at all, and also by composting organic waste and doing selective collection of solid waste and cooking oil. Some interventions in rainwater drainage are necessary to ensure the functionality and efficiency of the systems. To ensure access to good quality water, the program provides for the installation of rainwater collection and use systems, hydrosanitary improvements, when necessary, and the reform and shared management of a local water supply system that has a natural reservoir, located around the conservation unit, close to the communities.

These actions are developed in an integrated way with others that seek to support urban agroecological agriculture, the productive use of backyards, with effects not only on food quality and food security but also on family income. Considering the location of the communities in the buffer zone of the Pedra Branca State Park, whose Atlantic Forest biome is considered a Biosphere Reserve by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the harmonious and balanced relationship between the communities and the park is also the purpose of the project that seeks to contribute, with references to public policies, to the work done in the communities emerging from the unplanned urbanization process taking place

around urban environmental conservation units. To this end, the environmental health team develops research and interventions on fauna and flora, zoonosis surveillance, plant restoration actions and environmental education that are linked to urban health activities.

A characteristic that deserves to be highlighted in this experience refers to the relevance given to the definition of a territorial pact on which the integration of the actions that are developed in the territory takes place and the technical advice is structured in the communities. The security of tenure and the pact behind the territorial planning carried out with communities are understood as essential for the search for collective solutions, territorial governance and for an intersectoral strategy of health promotion actions in the territory, having as a central point qualifying the residence and the *habitat*. The land and urban regularization plan has a systemic and interdisciplinary approach to it, and adopts, as a fundamental assumption, embodied in FIOCRUZ's mission, the construction of a more balanced, inclusive, sustainable and healthy territory.

## Partial results of the experience in progress

The work began with a set of surveys and diagnoses that allowed the multidisciplinary team to gather the main socioeconomic, environmental and physical data on the settlements, such as the effective occupation of each family, the identification of environmental, sanitary and structural risk situations present in the housing conditions, in their location and other aspects present in the vulnerability processes that impact families. The plan was elaborated through a participatory construction process that included a set of workshops, to which all families were invited, from the moment the new registration began to the elaboration of urbanization studies and reordering of the settlement, including the identification

of units to be resettled and those that would be considered suitable to receive housing improvements.

The local specificities guided the suggested occupation gradient, the suggested instrument to land tenure to residents and the urban redesign whose proposal presented dimensions of plots bigger than those recommended by federal legislation for housing projects of social interest, justified by the need to control the densification and expansion of the occupation. The proposal for the instrument to land tenure to resident families seeks to avoid the perverse effects of real estate speculation, offering legal security of ownership through the instrument of granting a real right of use for housing purposes. This legal instrument preserves the social destination of the plots and allows the insertion of resolutive clauses, of an environmental nature, aiming at preserving the proper use of the land.

The land and urban regularization plan was approved in 2011 by the City of Rio de Janeiro and by the federal public agency responsible for financing public works, Caixa Econômica Federal. In 2013, this city hall approved the integrated urbanization project that included the projects that allowed the bidding of works for the implementation of the road system, street lighting, water supply infrastructure, sewage and rainwater drainage, all also approved by the respective public utilities. The project contains the plots for all registered families, including the resettlement plots, as well as the projects for the new houses for these families to be resettled. It also defines the limits of private and public areas, the measurements of the plots and the alignment of public places, as well as the areas intended for public use.

The participatory planning process took place in a context of institutional articulation with the federal government and the municipal government, which, since 2006, sought to enable the implementation of land and urban regularization of communities located in the various sectors of the Juliano Moreira Colony. This effort led to the approval of public

funding to the City Hall by the federal program for the urbanization of precarious settlements. The Growth Acceleration Program (PAC) was created by the federal government in 2007 for the planning and execution of major works of social, urban infrastructure and energy logistics in the country. The Urbanization of Precarious Settlements PAC, also known as UAP PAC or Favelas PAC, dealt with investment in urbanization works in precarious settlements in Brazil.

The UAP PAC in Colônia Juliano Moreira had its implementation between 2007 and 2015, when the basic urbanization and new housing projects were elaborated, but not all communities were encompassed by investments in urbanization, provision of housing units for resettlement and housing improvements. Among those left out were the families of Sector 1. One of the justifications for the absence of investments in this sector relates to the high cost of integrating into the conventional system of basic sanitation low density communities located on the periphery of infrastructure systems, living in plots bigger than the average and in the proximity to an environmental unit. These conditions of location and density are expressed in numerous peripheral communities in the municipality and state of Rio de Janeiro, also neglected by public investments.

With the closure of the investments planned by the City Hall in the Colônia Juliano Moreira PAC, FIOCRUZ's actions in Sector 1, which were previously anchored in the perspective of public investment to be carried out by the municipality, were also oriented to seeking technical advisory processes by means of social and technical dialogues focusing on collective and individual self-initiative processes. The assistance is carried out through participatory processes with theoretical and practical workshops, expanding the importance of a welcoming space, of listening, of conflict mediation and of exchanging knowledge and information



with families living in Sector 1. The actions developed are consistent with the plans and projects already defined by the public authorities in charge and guided by overcoming the housing inadequacies already identified in the Land and Urban Regularization Plan.

## **Preliminary notes aimed at contributing to health-promoting policies in vulnerable territories**

By establishing community participation as an organizational principle, the project used public assemblies and local meetings as strategic spaces in the claim, formulation, execution, control and evaluation of interventions. Together with this instance of participation, the challenge currently facing the project is the construction of co-management with the government in sanitation interventions and self-management in the realization of housing improvements and in the construction of new housing for the resettlement of families.

The new use of social technologies that enable the implementation, management and sustainability in the operationalization of unconventional systems, through public/community co-management, offers alternatives to the institutional vacuum with regard to particular forms of intervention on housing, land and environmental sanitation needs. The operating model of these actions is conditioned on the involvement of the population in their implementation and operation, which include the use of information and local knowledge to articulate the relationships between socio-environmental determinants and collective health. In addition, it seeks to enable the knowledge and control of the population about their problems and rights, as well as the definition of action strategies, in social organization and in the relationship with the government, contributing to strengthen the autonomy and an emancipatory perspective of individuals, groups and communities.

In recent years, it has been possible to recover the institutional articulation consolidated in the signing, in December 2022, of a new interinstitutional cooperation agreement between FIOCRUZ, the Federal Government's Superintendence of Heritage and the City Hall of Rio de Janeiro aiming at the land and urban regularization of these settlements. Even when considering the responsibility taken by the City Hall to develop the regularization of land tenure and investments in urban requalification, there is the potential for this process to strengthen the experience object of this work as a reference for municipal policy in precarious settlements and, specifically, in similar contexts in the city of Rio de Janeiro and other cities – therefore, in low density settlements, in urban fringes and in transition areas with environmentally fragile zones, offering benefits to the health of the population and better conditions for preserving important natural ecosystems.

Regarding the consequences of the recent health emergency and other epidemiological challenges that remain, in addition to the necessary emergency action to support families in vulnerable territories, it is essential to implement medium and long-term strategies that can deal with housing and urban constraints affecting health and quality of life. This is a path that seeks to qualitatively change the conditions of coping with this and future health and climate emergencies by these populations, strengthening their resilience and their ability to adapt to increasingly adverse conditions to be faced.

The experience presented reinforces the above perspective and highlights the importance of an effective participatory process that comprises a territorial pact and has clear definitions regarding the security of land tenure, which must be the result of effective land and urban regularization actions, conditioning factors for a sustainable process and with transformative potential on the processes of social determination of health and, therefore, on its determinants. Likewise, it values the

perspective of a technical advisory that integrates the social determinants of health at the family, housing and *habitat* scale, and that is oriented to prioritize the most vulnerable social groups, which demonstrates the relevance of multidisciplinary teams related to the field of urban health in territorialized and intersectoral actions and would justify the use of human and material public resources being used for this purpose. The management of solutions by the residents of popular settlements themselves, associated with technical advisory services of public nature, has the potential to constitute initiatives that combine the overcoming of socio-environmental vulnerabilities with professional training and the generation of work and income, contributing to an emancipatory perspective of the population.

The intersectoral articulation in these technical advisory processes, guided by principles that promote sustainable and healthy territories, suggests the articulation of several sectors of municipal policies, with attention to housing, urban, socio-environmental and health policies. The reflections and strategies presented in this article highlight the opportunity to implement public policies for assistance and technical advice for social housing, as a public service, permanent and accessible to all, on a local scale, in a territorialized approach. In this sense, learning from programs such as the family health strategy from SUS is something to be considered, keeping an eye on the specificities of the other disciplinary fields, as well as on the potential for intersectoral

articulation of these policies in the territories.

The integrated approach in relation to territorial scales, aspects of reality, processes and determining factors demands the integration of planning, management and intervention actions in the territory, strengthening the resilience and adaptability of the population to disasters and risk management, expanding the commitment of public management to its socio-environmental responsibility. Furthermore, it presents coherence and potential to effectively contributing to the agenda for the construction of potentially healthy and sustainable territories, the New Urban Agenda (Habitat III – Quito 2016), the 2030 Agenda and the Sustainable Development Goals (SDGs) and the WHO urban health agenda.

## Collaborators

Domingues LCSM (0000-0002-0902-2770)\* contributed to the theoretical and methodological approach and to the conception of the work, and the collection and systematization of information, analysis of the reference case, first writing, revision and final editing of the manuscript. Silva GA (0009-0003-5714-2050)\* contributed to the debate on the theoretical-methodological contribution, analysis of the reference case and revision of the manuscript. Ravera CB (0009-0002-0127-9739)\* contributed to the debate on the theoretical-methodological contribution, analysis of the reference case and revision of the manuscript. ■

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