

Ten years of the National Policy for Comprehensive Child Health Care: advances, challenges, and the urgency of public ethics

The National Policy for Comprehensive Child Health Care (PNAISC – Portuguese acronym), instituted in 2015, embodies the constitutional project of 1988, which conceived health as a universal right and a duty of the State.¹ Having completed ten years, it deserves to be celebrated as a civilizational achievement, integrated into the Unified Health System (SUS) and the result of a collective construction effort. However, the celebration cannot dispense with critical reflection: advances coexist with structural contradictions and with the permanent tension between discourse and practice in public management.² Along this trajectory, there was no lack of discontinuities, public health crises, the expansion of parliamentary amendments without traceability, and fiscal choices that jeopardized the rights of women and children, while opacity and waste of resources persist and erode the social trust.

Institutional and social advances

In the last decades, social policies articulated with the SUS reduced infant and maternal mortality, expanded access to primary care, extended income transfer programs and improved educational and health indicators.³

The PNAISC consolidated the integrated approach to childhood, gender, and social vulnerability, structuring seven strategic axes that range from humanized care for pregnancy to the follow-up of children in situations of violence or disability.¹ This normative and practical conquest, whose legitimacy transcends governmental cycles, recognizes children as subjects of rights.

Discontinuities and historic challenges

The period of implementation of the PNAISC coincided with political turmoil. Constitutional Amendment 95/2016 froze social expenditures for 20 years, unprecedentedly restricting health and education funding.^{4,5} Institutional ruptures and public health emergencies revealed weaknesses in coordination and delays in strategic responses,⁶ aggravated by denialist practices that cost lives. Although the government revoked the Spending Cap seven years later and reinstated constitutional minimums, social expenditure remains subject to strict fiscal rules, dependent on new revenues and liable to budget cuts, which will demand redoubled attention from society.⁷ In these ten years, practices challenging public ethics have also multiplied. Despite minimum instruments of transparency, such as the *Portal da Transparência* and the *Lei de Acesso à Informação*, existing prior to the PNAISC, resources continue to have distorted priorities, directed towards political prestige agendas, while deficiencies persist in immunizations, monitoring of child growth and strengthening of primary care. Transparency, a foundational principle of public administration, remains subordinated to maneuvers that prioritize partisan political conveniences to the detriment of clarity and social control.

Consequences for childhood policy

The misuse of resources threatens the sustainability of the PNAISC. Preventive policies and long-term programs depend on budgetary predictability, administrative efficiency, institutional credibility, and social legitimacy.^{2,3} When resources are misallocated or utilized opaquely, the consequence is the weakening of essential areas. The persistence of low vaccination coverage rates and the stagnation in child nutritional indicators demonstrate that setbacks have still not been reversed,^{8,9} and regional inequalities are deepening, particularly affecting vulnerable populations that should be the priority focus.



The dual challenge: expanding achievements and reaffirming public ethics

Defending the PNAISC and SUS is to reaffirm that public policies cannot be co-opted as partisan banners.² Their continuity demands critical vigilance, active social participation, and effective transparency practices, including updated portals, independent audits, open data, and accessible accountability. It is equally urgent to curb privileges and wasteful spending, to direct every resource mandated by the Constitution, free from fiscal constraints, towards the essential areas: health, education, and child protection. Brazilian society must reject the normalization of opacity and corruption, by denouncing maneuvers that violate social achievements. Public ethics and administrative efficiency are not ancillary; they are preconditions for the SUS and policies such as the PNAISC to fulfill their civilizational roles.

Final considerations

The PNAISC celebrates ten years as a symbol of resilience and possibility. Its continuity depends less on governmental rhetoric than on coherence between discourse and practice. To advance means confronting flaws, not concealing them. Criticism strengthens the policy by demanding that governments, regardless of political hue, fulfill the social pact established in 1988. Protecting childhood and maternal health is protecting the future of the nation. Society, academia and social movements must daily reaffirm this commitment, so that the celebration of the ten years of the PNAISC may become not only a memory, but a horizon for transformation.

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